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(54) **ROBOTIC SURGICAL ASSEMBLIES AND ADAPTER ASSEMBLIES THEREOF**

ROBOTISCHE CHIRURGISCHE ANORDNUNGEN UND ADAPTERANORDNUNGEN DAFÜR
ENSEMBLES CHIRURGICAUX ROBOTISÉS ET ENSEMBLES ADAPTATEURS ASSOCIÉS

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Description

BACKGROUND

[0001] Robotic surgical systems have been used in minimally invasive medical procedures. Some robotic surgical systems included a console supporting a surgical robotic arm and a surgical instrument mounted to the robotic arm. The robotic arm provided mechanical power to the surgical instrument for its operation and movement. Each robotic arm may have included an instrument drive unit operatively connected to the surgical instrument.

[0002] During robotic surgeries, it may be useful to utilize endoscopes for viewing inside of a body cavity or organ. To implement the use of endoscopes in robotic surgeries, the robotic surgical system needs to be modified in such a way that will allow endoscopes to be interfaced with the various components of the robotic surgical system.

[0003] WO 2014/162217 A1 describes an adapter assembly for connecting an endoscope to a robot.

[0004] Accordingly, a need exists for a robotic surgical system capable of operating an endoscope.

SUMMARY OF THE INVENTION

[0005] The invention is defined by the appended independent claims. Further embodiments of the invention are illustrated in the dependent claims.

SUMMARY OF THE DISCLOSURE

[0006] In accordance with an aspect of the present disclosure, an adapter assembly for connecting an endoscope to a robotic surgical system is provided. The adapter assembly includes a proximal housing, a distal housing, and a drive assembly. The proximal housing has a proximal portion and a distal portion. The proximal portion of the proximal housing is configured to be coupled to an instrument drive unit of a robotic surgical system. The distal portion of the proximal housing defines an opening therein. The distal housing includes a proximal portion and a distal portion. The proximal portion of the distal housing is rotatably received within the opening of the distal portion of the proximal housing. The distal portion of the distal housing defines a channel longitudinally therethrough that is configured for non-rotatable receipt of an endoscope. The drive assembly includes an input and an output. The input is configured to be operably coupled to a motor of the instrument drive unit. The output is operably coupled to the proximal portion of the distal housing to rotate the distal housing relative to the proximal housing.

[0007] In some embodiments, the drive assembly may include a drive shaft operably interconnecting the input of the drive assembly to the output of the drive assembly such that rotation of the input effects rotation of the output

via the drive shaft. Each of the input and the output of the drive assembly may be a gear. The distal housing may include a ring gear non-rotatably disposed about the proximal portion of the distal housing. The ring gear may include teeth in operable engagement with the output of the drive assembly.

[0008] It is contemplated that the adapter assembly may include a pair of bearings. The pair of bearings may be longitudinally spaced from one another and disposed between an outer surface of the distal housing and an inner surface of the proximal housing to facilitate rotation of the distal housing relative to the proximal housing.

[0009] It is envisioned that the distal housing may include a first half section and a second half section removably connected to the first half section.

[0010] In some aspects of the present disclosure, the proximal housing may define an opening in the proximal portion thereof for passage of a cable of an endoscope.

[0011] In some embodiments, the proximal housing may define a pair of openings therein that are circumferentially spaced from one another.

[0012] It is contemplated that the distal housing may define an opening extending between an outer surface of the distal housing and an inner surface of the distal housing. The opening of the distal housing may be configured to align with control buttons of an endoscope upon receipt of the endoscope into the distal housing.

[0013] In another aspect of the present disclosure, a surgical assembly for interconnecting an endoscope and a surgical robotic arm is provided. The surgical assembly includes a surgical instrument holder and an adapter assembly. The surgical instrument holder is supported on a surgical robotic arm. The adapter assembly includes a proximal housing, a distal housing, and a drive assembly. The proximal housing has a proximal portion and a distal portion. The proximal portion of the proximal housing is configured to be coupled to an instrument drive unit of the surgical assembly. The distal portion of the proximal housing defines an opening therein. The distal housing includes a proximal portion and a distal portion. The proximal portion of the distal housing is rotatably received within the opening of the distal portion of the proximal housing. The distal portion of the distal housing defines a channel longitudinally therethrough that is configured for non-rotatable receipt of an endoscope. The drive assembly includes an input and an output. The input is configured to be operably coupled to a motor of the instrument drive unit. The output is operably coupled to the proximal portion of the distal housing to rotate the distal housing and the endoscope relative to the proximal housing.

[0014] In some embodiments, the surgical instrument holder may include a motor operably coupled to the instrument drive unit such that actuation of the motor of the surgical instrument holder effects rotation of each of the instrument drive unit, the proximal and distal housings of the adapter assembly, and the endoscope relative to the surgical instrument holder. The rotation of the endoscope caused by the motor of the surgical instru-

ment holder may be at a slower rate than the rotation of the endoscope caused by the motor of the instrument drive unit.

[0015] In yet another aspect of the present disclosure, a method of assembling an endoscopic surgical assembly is provided. The method includes supporting a surgical instrument holder on a surgical robotic arm. The surgical instrument holder includes a motor. An instrument drive unit having a motor is provided, and the adapter assembly is provided. The method further includes supporting the instrument drive unit on the surgical instrument holder, coupling the proximal portion of the proximal housing to the instrument drive unit thereby operably coupling the input of the adapter assembly to the motor of the instrument drive unit, disposing a proximal portion of an endoscope within the channel defined in the distal housing of the adapter assembly, and actuating the motor of the instrument drive unit to effect rotation of the distal housing of the adapter assembly and the endoscope relative to the proximal housing of the adapter assembly.

[0016] In some embodiments, the method may further include actuating the motor of the surgical instrument holder thereby rotating each of the motor of the instrument drive unit, the proximal and distal housings of the adapter assembly, and the endoscope relative to the surgical instrument holder.

[0017] In yet another aspect of the present disclosure, an adapter assembly for connecting an endoscope to a robotic surgical system is provided. The adapter assembly includes a proximal housing, a distal housing, and a drive mechanism. The proximal housing is configured to be coupled to an instrument drive unit of a robotic surgical system. The distal housing includes a proximal portion and a distal portion. The proximal portion of the distal housing is rotatably connected to the proximal housing. The distal portion of the distal housing defines a channel longitudinally therethrough that is configured for non-rotatable receipt of an endoscope. The drive assembly includes an input configured to be operably coupled to a motor of an instrument drive unit of a robotic surgical system, and an output operably coupled to the distal housing to rotate the distal housing relative to the proximal housing.

[0018] In some embodiments, the adapter assembly may further include a latch pivotably connected to the proximal portion of the distal housing, and a lock connected to the proximal portion of the distal housing. The latch is configured to selectively connect to the lock for selectively retaining an endoscope within the adapter assembly.

[0019] It is contemplated that the distal housing may include an inner housing seated within the distal portion thereof. The inner housing may include a base that defines a bore therethrough. The bore is configured for receipt of an endoscope. The bore of the base may have a cone-shaped upper portion, and a cylindrical lower portion that extends distally from the cone-shaped upper

portion.

[0020] In accordance with yet another aspect of the present disclosure, an adapter assembly for an endoscope is provided. The adapter assembly includes an elongate housing and a locking collar. The elongate housing defines a channel longitudinally therethrough that is configured for receipt of an endoscope. The locking collar includes an annular member non-rotatably connected to a proximal end of the elongate housing, and a surface feature extending distally from the annular member. The surface feature is configured for coupling the locking collar to a surgical robotic arm.

[0021] In some embodiments, the annular member may include a threaded inner surface configured to threadingly engage a surgical instrument holder.

[0022] It is contemplated that the elongate housing may be cylindrical and pliable to conform to an outer surface of a plurality of endoscopes.

[0023] It is envisioned that the surface feature of the locking collar may include two arcuate tabs that extend distally from the annular member.

[0024] In some embodiments, the elongate housing may include a first half section and a second half section removably connected to the first half section.

[0025] In another aspect of the present disclosure, a surgical assembly for interconnecting an endoscope and a surgical robotic arm is provided. The surgical assembly includes a surgical instrument holder and an adapter assembly. The surgical instrument holder is configured for engagement to a surgical robotic arm and includes an outer member and an inner member rotatably disposed within a channel of the outer member. The inner member defines a channel therethrough and a recess therein. The adapter assembly is configured for receipt within the channel of the inner member of the surgical instrument holder and includes an elongate housing and a locking collar. The elongate housing defines a channel longitudinally therethrough that is configured for receipt of an endoscope. The locking collar includes an annular member non-rotatably connected to a proximal end of the elongate housing, and a surface feature extending distally from the annular member. The surface feature is configured to be matingly received within the recess of the inner member of the surgical instrument holder such that the locking collar and the inner member of the surgical instrument holder are rotatable with one another.

[0026] In some embodiments, the annular member of the locking collar may include a threaded inner surface configured to threadingly engage a threaded outer surface of the inner member of the surgical instrument holder.

[0027] It is contemplated that the surface feature of the locking collar may include two arcuate tabs that extend distally from the annular member of the locking collar. The two arcuate tabs are configured for mating receipt within respective recesses of the surgical instrument holder.

[0028] It is envisioned that the surgical instrument holder may include a motor operably coupled to the inner

member of the surgical instrument holder such that actuation of the motor rotates the inner member, the adapter assembly, and the endoscope. The surgical assembly may further include a drive assembly, which includes a pulley, a belt, and a ring gear. The pulley is rotatably disposed within the outer member and in operable engagement with the motor such that actuation of the motor rotates the pulley. The belt is rotatably disposed within the outer member and in operable engagement with the pulley such that rotation of the pulley effects rotation of the belt. The ring gear is non-rotatably disposed about the inner member and in operable engagement with the belt such that rotation of the belt effects rotation of the inner member. The belt may be a closed loop and may include teeth extending from an inner surface of the belt. The ring gear may have teeth extending from an outer surface thereof that are in operable engagement with the teeth of the belt.

[0029] Further details and aspects of exemplary embodiments of the present disclosure are described in more detail below with reference to the appended figures.

[0030] As used herein, the terms parallel and perpendicular are understood to include relative configurations that are substantially parallel and substantially perpendicular up to about + or - 10 degrees from true parallel and true perpendicular.

BRIEF DESCRIPTION OF THE DRAWINGS

[0031] Embodiments of the present disclosure are described herein with reference to the accompanying drawings, wherein:

FIG. 1 is a schematic illustration of a robotic surgical system including a robotic surgical assembly in accordance with the present disclosure;

FIG. 2 is a side, perspective view of the surgical assembly of FIG. 1 including a surgical instrument holder, an instrument drive unit, an adapter assembly, and an endoscope;

FIG. 3 is a side, perspective view of the adapter assembly of FIG. 2 coupled to the endoscope of FIG. 2;

FIG. 4 is a partial cross-sectional view, taken along lines 4-4 of FIG. 3, of the adapter assembly;

FIG. 5 is a perspective view, with parts separated, of the adapter assembly and the endoscope of FIG. 3;

FIG. 6 is a perspective view of the adapter assembly of FIG. 3, illustrating a proximal housing, in transparent form, a distal housing, and a drive assembly;

FIG. 7 is a perspective view of the endoscope of the surgical assembly of FIG. 2;

FIG. 8 is a front view, partially broken away, of another embodiment of an adapter assembly for interconnecting the instrument drive unit of FIG. 2 and the endoscope of FIG. 7;

FIG. 9 is a cross-sectional view, taken along lines 9-9 in FIG. 8, of the adapter assembly having the endoscope disposed therein;

FIG. 10 is a perspective view of the adapter assembly of FIG. 8 without the endoscope disposed therein;

FIG. 11 is a perspective view of the adapter assembly of FIG. 8 with the endoscope disposed therein and illustrating a latch mechanism in an unlocked state;

FIG. 12 is a perspective view of another embodiment of a surgical assembly for use in the robotic surgical system of FIG. 1 including a surgical instrument holder, an adapter assembly, and the endoscope of FIG. 7;

FIG. 13 is a perspective view of the adapter assembly of FIG. 12 coupled to the endoscope of FIG. 7;

FIG. 14 is an enlarged view of the adapter assembly of FIG. 13 having the endoscope coupled thereto;

FIG. 15 is a perspective view of the surgical instrument holder of FIG. 12;

FIG. 16 is a perspective view, with parts separated, of an inner member of the surgical instrument holder of FIG. 15.

FIG. 17 is a cross-sectional view, taken along lines 17-17 of FIG. 15, illustrating a drive assembly of the surgical instrument holder;

FIG. 18 is a cross-sectional view, taken along lines 18-18 of FIG. 15, illustrating the drive assembly of the surgical instrument holder;

FIG. 19 is a cross-sectional view, taken along lines 19-19 of FIG. 15, illustrating the drive assembly of the surgical instrument holder;

FIG. 20 is a cross-sectional view, taken along lines 20-20 of FIG. 15, illustrating the surgical instrument holder;

FIG. 21A is a perspective view of another embodiment of an adapter assembly for interconnecting the instrument drive unit of FIG. 2 and the endoscope of FIG. 7;

FIG. 21B is a front view of the adapter assembly of

FIG. 21A;

FIG. 22 is a perspective view, with parts separated, of the adapter assembly of FIG. 21A;

FIG. 23 is a perspective view of the adapter assembly of FIG. 21A illustrating a door of the adapter assembly in an open configuration exposing a locking assembly;

FIG. 24 is an enlarged partial view of the adapter assembly of FIG. 21A illustrating components of the locking assembly of FIG. 23; and

FIG. 25 is an enlarged partial view of the adapter assembly of FIG. 21A illustrating the locking assembly of FIG. 23 in an assembled state.

DETAILED DESCRIPTION

[0032] Embodiments of the presently disclosed surgical assembly including a surgical instrument holder, an instrument drive unit, an adapter assembly, and an endoscope, and methods thereof, are described in detail with reference to the drawings, in which like reference numerals designate identical or corresponding elements in each of the several views. As used herein the term "distal" refers to that portion of the surgical instrument holder, instrument drive unit, adapter assembly, and/or endoscope, that is closer to the patient, while the term "proximal" refers to that portion of the surgical instrument holder, instrument drive unit, adapter assembly, and/or endoscope, that is farther from the patient.

[0033] As will be described in detail below, provided is a robotic surgical system that includes a robotic surgical assembly, which is coupled with or to a robotic arm. The robotic surgical assembly generally includes a surgical instrument holder, an adapter assembly, which is coupled to the surgical instrument holder, and an endoscope, which is coupled to the adapter assembly. The endoscope may be rotated by actuation of a motor supported in the surgical instrument holder, which transfers its rotational motion to the adapter assembly and in turn the endoscope.

[0034] Referring initially to FIG. 1, a surgical system, such as, for example, a robotic surgical system 1, generally includes a plurality of surgical robotic arms 2, 3 having a robotic surgical assembly 100 including a surgical instrument, for example, endoscope 200 (FIG. 7) removably coupled to a slide rail 40 of surgical robotic arms 2, 3; a control device 4; and an operating console 5 coupled with control device 4.

[0035] Operating console 5 includes a display device 6, which is set up in particular to display three-dimensional images; and manual input devices 7, 8, by means of which a person (not shown), for example a surgeon, is able to telemanipulate robotic arms 2, 3 in a first operating mode, as known in principle to a person skilled in the art.

Each of the robotic arms 2, 3 may be composed of a plurality of members, which are connected through joints. Robotic arms 2, 3 may be driven by electric drives (not shown) that are connected to control device 4. Control device 4 (e.g., a computer) may be set up to activate the drives, in particular by means of a computer program, in such a way that robotic arms 2, 3, the attached robotic surgical assembly 100, and thus surgical instrument, such as, for example, endoscope 200 execute a desired movement according to a movement defined by means of manual input devices 7, 8. Control device 4 may also be set up in such a way that it regulates the movement of robotic arms 2, 3.

[0036] Robotic surgical system 1 is configured for use on a patient "P" lying on a surgical table "ST" to be treated in a minimally invasive manner by means of a surgical instrument, e.g., endoscope 200. Robotic surgical system 1 may also include more than two robotic arms 2, 3, the additional robotic arms likewise being connected to control device 4 and being telemanipulatable by means of operating console 5. A surgical instrument, for example, endoscope 200, may also be attached to the additional robotic arm.

[0037] Control device 4 may control a plurality of motors, e.g., motors (Motor 1 ...n), with each motor configured to drive movement of robotic arms 2, 3 in a plurality of directions. Further, control device 4 may control an individual motor 115 (FIG. 2) of an instrument drive unit 110 of robotic surgical assembly 100 that actuates a drive assembly 160 of an adapter assembly 120 to effect rotation of endoscope 200. In addition, control device 4 may control the operation of a rotation motor, such as, for example, a canister motor "M" (FIG. 2) of a surgical instrument holder or holder 102, configured to drive a relative rotation of motor assembly 114 of instrument drive unit 110 and in turn adapter assembly 120 and endoscope 200, as will be described in detail below. In embodiments, each motor of the instrument drive unit 110 can be configured to actuate a drive rod/cable or a lever arm to effect operation and/or movement of an electro-mechanical surgical instrument (not shown).

[0038] For a detailed discussion of the construction and operation of a robotic surgical system, reference may be made to U.S. Patent Application Publication No. 2012/0116416, filed on November 3, 2011, entitled "Medical Workstation," the entire contents of which are incorporated by reference herein.

[0039] With reference to FIGS. 1 and 2, robotic surgical system 1 includes the robotic surgical assembly 100, which is coupled with or to robotic arm 2 or 3. The robotic surgical assembly 100 includes the surgical instrument holder 102, the instrument drive unit 110, the adapter assembly 120, and the endoscope 200. Instrument drive unit 110 transfers power and actuation forces from a motor 115 thereof to a drive assembly 160 (See FIG. 5) of adapter assembly 120 to drive a rotation of endoscope 200 up to least about 180 degrees about its longitudinal axis "X." Endoscope 200 may be rotated at least

an additional 180 degrees by actuation of motor "M" supported in surgical instrument holder 102, which transfers its rotational motion to adapter assembly 120 and in turn to endoscope 200. As such, surgical assembly 100 provides two mechanical pathways to adjust the rotational position of endoscope 200, with each mechanical pathway resulting in a different rate of rotation of endoscope 200, as will be described below.

[0040] With reference to FIG. 2, surgical instrument holder 102 of surgical assembly 100 functions to support instrument drive unit 110 and to actuate a rotation of motor assembly 114 of instrument drive unit 110. Surgical instrument holder 102 includes a back member or carriage 104, and an outer member or housing 106 extending laterally (e.g., perpendicularly) from an end of carriage 104. In some embodiments, housing 106 may extend at various angles relative to carriage 104 and from various portions of carriage 104. Carriage 104 has a first side 108a and a second side 108b, opposite first side 108a. First side 108a of carriage 104 is detachably connectable to rail 40 of robotic arm 2 and enables surgical instrument holder 102 to slide or translate along rail 40 of robotic arm 2. Second side 108b of carriage 104 is configured to non-rotatably support a housing or outer shell 112 of instrument drive unit 110.

[0041] Carriage 104 of surgical instrument holder 102 supports or houses a motor, such as, for example, canister motor "M" therein. Motor "M" receives controls and power from control device 4 to ultimately rotate internal motor assembly 114 of instrument drive unit 110. In some embodiments, carriage 104 may include a printed circuit board (not shown) in electrical communication with motor "M" to control an operation of motor "M" of carriage 104. Carriage 104 has a rotatable drive shaft (not shown) extending from motor "M" and longitudinally through carriage 104. The drive shaft of carriage 104 has a gear or coupling member (not shown) configured for operable engagement with a gear or coupling member (not shown) of motor assembly 114 of instrument drive unit 110 to transfer a rotation from motor "M" of surgical instrument holder 102 to motor assembly 114 of instrument drive unit 110, as will be described in detail below. In some embodiments, motor "M" of surgical instrument holder 102 may drive the rotation of motor assembly 114 of instrument drive unit 110 by any suitable drive mechanism, for example, a gear assembly, a rack and pinion, pulley friction drive, hydraulics, pneumatics, a cable, belt, or the like.

[0042] Housing 106 of surgical instrument holder 102 defines a channel (not shown) therethrough configured to rotatably receive and support instrument drive unit 110 therein. Housing 106 has a generally oblong semicircular shape, but in some embodiments, housing 106 may assume a variety of shapes, such as, for example, C-shaped, U-shaped, V-shaped, hook-shaped, or the like.

[0043] With continued reference to FIG. 2, instrument drive unit 110 of surgical assembly 100 includes an outer housing 112 and an inner housing or motor assembly 114 rotatably disposed within outer housing 112. Outer hous-

ing 112 is engaged to second side 108b of carriage 104 of surgical instrument holder 102 and houses various components of instrument drive unit 110. In some embodiments, outer housing 112 may be permanently or removably attached to second side 108b of carriage 104. Outer housing 112 of instrument drive unit 110 has a generally cylindrical configuration, but in some embodiments, outer housing 112 may assume a variety of configurations, such as, for example, squared, elongate, tubular, or the like.

[0044] Outer housing 112 of instrument drive unit 110 is configured and dimensioned to receive motor assembly 114, a motor pack or the like therein. Upon coupling instrument drive unit 110 to surgical instrument holder 102, a drive assembly (not shown) of surgical instrument holder 102 operably engages motor assembly 114 of instrument drive unit 110 such that actuation of motor "M" of surgical instrument holder 102 effects a rotation of motor assembly 114 within outer housing 112 of instrument drive unit 110. For example, it is contemplated that the gear of drive shaft (not shown) extending from motor "M" of surgical instrument holder 102 is in operable engagement with a toothed inner or outer surface (not shown) of motor assembly 114 such that rotation of the gear attached to motor "M" of surgical instrument holder 102 rotates motor assembly 114. In some embodiments, surgical instrument holder 102 may have a pulley system that transfers rotational forces output by motor "M" of surgical instrument holder 102 into rotation of motor assembly 114. It is envisioned that any suitable mechanism may be provided to transfer the rotational forces output by motor "M" of surgical instrument holder 102 into a rotation of motor assembly 114.

[0045] Motor assembly 114 may include four motors, for example, canister motors or the like, each having a drive shaft (not explicitly shown) having a non-circular transverse cross-sectional profile (e.g., substantially D-shaped, or the like). In some embodiments, the drive shaft may have a circular transverse cross-sectional profile. The four motors are arranged in a rectangular formation such that respective drive shafts thereof are all parallel to one another and all extending in a common direction. A drive shaft 117 of one motor 115 of motor assembly 114 has a drive coupler, such as, for example, a crown gear (not shown) configured to operably couple to drive assembly 160 (See FIG. 5) of adapter assembly 120. As motor 115 of motor assembly 114 is actuated, rotation of drive shaft 117 of motor 115 is transferred to drive assembly 160 of adapter assembly 120 to ultimately rotate endoscope 200 about its longitudinal axis "X," as will be described below.

[0046] With reference to FIGS. 2-6, surgical assembly 100 includes the adapter assembly 120 that selectively intercouple instrument drive unit 110 and endoscope 200 to transfer rotational motion originating from instrument drive unit 110 into rotational motion of endoscope 200 about its longitudinal axis "X." Adapter assembly 120 generally includes a proximal housing 122, a distal hous-

ing 124 rotatably coupled to proximal housing 122, and a drive assembly 160 disposed within proximal housing 122 and configured to rotate distal housing 124 relative to proximal housing 122.

[0047] Proximal housing 122 of adapter assembly 120 has an elongate tubular configuration and has a proximal portion 122a and a distal portion 122b. Proximal portion 122a of proximal housing 122 has a mechanical interface, such as, for example, a female or male mating feature 126, configured to non-rotatably couple to a corresponding mating feature (not shown) of motor assembly 114 of instrument drive unit 110. As such, when adapter assembly 120 is coupled to instrument drive unit 110, a rotation of motor assembly 114 of instrument drive unit 110 results in a rotation of adapter assembly 120 and any surgical instrument attached thereto.

[0048] Proximal portion 122a of proximal housing 122 has a hollow interior 128 for the passage of various cables of an endoscope. Proximal portion 122a of proximal housing 122 defines a pair of openings 130a, 130b that extend from an inner surface 132a to an outer surface 132b thereof. Openings 130a, 130b are circumferentially spaced from one another and are each configured as access holes for receipt of a finger of a clinician. In this way, a clinician can access the hollow interior 128 of proximal housing 122 using, for example, his or her thumb and pointer finger to pinch a cable coupling 206 or 208 of endoscope 200 to selectively decouple cable coupling 206 or 208 or attach cable coupling 206 or 208 from/to endoscope 200. This allows for the removal of cable couplings 206, 208 of endoscope 200 prior to autoclaving, servicing, or generally assembly of adapter assembly 120 or endoscope 200.

[0049] Proximal portion 122a of proximal housing 120 defines another pair of openings 134a, 134b that extend between inner and outer surfaces 132a, 132b. Openings 134a, 134b are configured for the passage of cables, for example, a light or fiber optic cable 210 and a communications cable 212 of endoscope 200, from hollow interior 128 of proximal housing 122 to an exterior of proximal housing 122 of adapter assembly 120. In some embodiments, proximal portion 122a may have more than two openings for the passage of cables, or only one opening for the passage of one cable.

[0050] Distal portion 122b of proximal housing 122 defines a distal opening 136 therethrough that is in line with a longitudinal axis defined by proximal housing 122. Distal portion 122b of proximal housing 122 defines a pair of annular cutouts 138a, 138b formed in inner surface 132a thereof. Annular cutouts 138a, 138b are longitudinally spaced from one another and rotatably retain respective first and second bearings 140a, 140b of drive assembly 160. In some embodiments, first and second bearings 140a, 140b may be substituted with bushings.

[0051] With reference to FIGS. 3-6, distal housing 124 of adapter assembly 120 has a proximal portion 124a rotatably received in distal opening 136 of proximal housing 122, and a distal portion 124b. Proximal portion 124a

of distal housing 124 has the first and second bearings 140a, 140b disposed thereabout. As such, first and second bearings 140a, 140b are disposed between inner surface 132a of proximal housing 122 and an outer surface of distal housing 124 to facilitate rotation of distal housing 124 relative to proximal housing 122. Distal housing 124 of adapter assembly 120 has a generally elongated tubular configuration and defines a channel 142 longitudinally therethrough. Channel 142 is configured to non-rotatably receive and retain a proximal portion 202 (e.g., a handle portion) of endoscope 200.

[0052] Distal housing 124 of adapter assembly 120 includes a first half section 144a and a second half section 144b. First and second half sections 144a, 144b of distal housing 124 are removably connected to one another so that proximal portion 202 of endoscope 200 may be encapsulated by distal housing 124 when first and second half sections 144a, 144b are connected to one another, and removed from or inserted within distal housing 124 when first and second half sections 144a, 144b of distal housing 124 are disconnected from one another. Upon connecting endoscope 200 to distal housing 124, endoscope 200 is fixed therein and not easily removable. In some embodiments, distal housing 124 may be monolithically formed from a pliable material that conforms to proximal portion 202 of endoscope 200 such that endoscope 200 can be selectively inserted into or removed from distal housing 124. Distal housing 124 defines an opening 146 extending between an inner surface 148a and an outer surface 148b thereof. Opening 146 of distal housing 124 has an elliptical shape and is configured to align with control buttons 203 on proximal portion 202 of endoscope 200 upon receipt of endoscope 200 into distal housing 124.

[0053] Distal housing 124 has a ring gear 150 non-rotatably disposed about proximal portion 124a thereof. Ring gear 150 has teeth 152 extending radially from a periphery thereof that operably engage teeth of a gear 176 (FIG. 6) of drive assembly 160, as will be described in detail below. In some embodiments, ring gear 150 may be secured to a top surface of distal housing 124 instead of being non-rotatably disposed about outer surface 148b of distal housing 124. It is further contemplated that teeth 152 of ring gear 150 extend inwardly instead of radially outward.

[0054] With reference to FIGS. 4-6, drive assembly 160 of adapter assembly 120 is configured to transfer rotation of drive shaft 117 (FIG. 2) of instrument drive unit 110 into rotation of distal housing 124 of adapter assembly 120 relative to proximal housing 122 of adapter assembly 120. Drive assembly 160 includes a first drive shaft 162 having a proximal end 162a and a distal end 162b. Proximal end 162a of first drive shaft 160 has an input 164 configured for detachable operable engagement with the gear (not shown) of drive shaft 117 (FIG. 2) of motor 115 of instrument drive unit 110 such that actuation of motor 115 of instrument drive unit 110 results in rotation of first drive shaft 162 of drive assembly 160.

Input 164 of drive assembly 160 is in the form of a gear, such as, for example, a crown gear. Distal end 162b of first drive shaft 162 has a gear, such as, for example, a spur gear 166 that is rotatably supported on a proximal mounting plate 168a of proximal housing 122. Proximal mounting plate 168a is fixed within proximal portion 122a of proximal housing 122 and is prevented from rotating therein. Proximal mounting plate 168a defines a bore 170 therethrough. Proximal mounting plate 168 has a robotic system identification connector 165 that interfaces with a corresponding connector (not shown) of instrument drive unit 110. Connector 165 of adapter assembly 120 may be a magnetic, resistive or digital interface for identification, use, and/or life management, which can be read by a surgical system and/or feedback display.

[0055] Drive assembly 160 includes a second drive shaft 172 extending longitudinally through hollow interior 128 of proximal housing 122 and is laterally offset from first drive shaft 162. Second drive shaft 172 has a proximal end 172a extending through bore 170 of proximal mounting plate 168a, and a distal end 172b extending through a bore 169 of a distal mounting plate 168b, located distally from proximal mounting plate 168a. Distal mounting plate 168b, similar to proximal mounting plate 168a, is fixed within proximal housing 122 and prevented from rotating therein. Proximal end 172a of second drive shaft 172 has a gear, such as, for example, a spur gear 174, in operable engagement with spur gear 166 of first drive shaft 162 such that rotation of first drive shaft 162 results in rotation of second drive shaft 172. Distal end 172b of second drive shaft 172 has an output 176 in the form of a gear in operable engagement with teeth 152 of ring gear 150 of distal housing 124 such that rotation of second drive shaft 172 results in rotation of distal housing 124 relative to proximal housing 122.

[0056] It is contemplated that drive assembly 160 of adapter assembly 120 may be substituted with any suitable mechanism that transfers rotational motion originating from motor 115 of instrument drive unit 110 into rotation of distal housing 124 of adapter assembly 120 relative to proximal housing 122 of adapter assembly 120.

[0057] With reference to FIG. 7, surgical assembly 100 includes an endoscope, such as, for example, a standalone endoscope 200. It is contemplated that a plurality of different types of endoscopes may be able to fit within distal housing 124 of adapter assembly 120 other than endoscope 200 illustrated in FIG. 7. Alternately, it is contemplated that a variety of different distal housings 124 for adapter assembly 120 may be available or provided which are specifically configured to interconnect a specific endoscope to robotic surgical system 1. Endoscope 200 generally includes a proximal portion 202 having manual control buttons 203, and an endoscopic tube housing 204 extending distally from proximal portion 202. Endoscope 200 may further include a light source coupling 206 and a communications and power coupling 208. Light source coupling 206 is configured for detach-

able engagement of a light source cable 210. Communications and power coupling 208 is configured for detachable engagement of a communications cable 212.

[0058] In operation, carriage 104 of surgical instrument holder 102 is attached to rail 40 of robotic arm 2 (FIG. 2). Instrument drive unit 110 is positioned within the channel (not shown) of surgical instrument holder 102 and supported on side 108b of carriage 104 of surgical instrument holder 102. Proximal portion 122a of proximal housing 122 of adapter assembly 120 is non-rotatably coupled to motor assembly 114 of instrument drive unit 110 and motor 115 of instrument drive unit 110 is operably coupled to input 164 of drive assembly 160 of adapter assembly 120. Cables 210, 212 of endoscope 200 are guided through hollow interior 128 of proximal housing 122 of adapter assembly 120 and out through openings 134a, 134b of proximal housing 122 of adapter assembly 122, and proximal portion 202 of endoscope 200 is secured within distal housing 124 of adapter assembly 120. With proximal portion 202 of endoscope 200 retained within distal housing 124 of adapter assembly 120, endoscope 200 may be manipulated, for example, rotated, to a selected rotational position about its longitudinal axis "X."

[0059] In particular, endoscope 200 may be rotated at a first rate or a second rate, slower than the first rate, depending on how precise the clinician needs to be with positioning the endoscope 200 in a surgical site. To move endoscope 200 at the faster rate, a clinician operating manual input devices 7, 8 of surgical system 1, may actuate motor 115 of motor assembly 114 of instrument drive unit 110. Actuation of motor 115 of instrument drive unit 110 rotates the gear (not shown) thereof, which rotates input 164 of drive assembly 160 of adapter assembly 120 due to input 164 of drive assembly 160 being operably engaged to the gear of instrument drive unit 110. Rotation of input 164 rotates first drive shaft 162 of drive assembly 160, and in turn rotates second drive shaft 172 of drive assembly 160 due to gears 166, 174 of respective first and second drive shafts 162, 172 being in meshing engagement. Since gear 174 of second drive shaft 172 is in operable engagement with ring gear 150 of distal housing 124, rotation of second drive shaft 172 of drive assembly 160 effects rotation of distal housing 124 relative to proximal housing 122. With endoscope 200 retained within distal housing 124, endoscope 200 rotates about its longitudinal axis "X" as distal housing 124 rotates. It is contemplated that by actuating motor 115 of motor assembly 114, distal housing 124 and endoscope 200 can be rotated up to about 180 degrees, in either direction, relative to proximal housing 122.

[0060] To move endoscope 200 at the second, slower rate, a clinician operating manual input devices 7, 8 of surgical system 1, may actuate motor "M" of surgical instrument holder 102. Actuation of motor "M" of surgical instrument holder 102 drives a rotation of the motor shaft (not shown) thereof, which transfers its rotational motion to motor assembly 114 of instrument drive unit 110. Since motor assembly 114 of instrument drive unit 110 is non-

rotatably connected to proximal portion 122a of proximal housing 122 of adapter assembly 120, rotation of motor assembly 114 of instrument drive unit 110 causes proximal housing 122 of adapter assembly 120 to rotate and in turn rotates distal housing 124 of adapter assembly 120 and endoscope 200 about its longitudinal axis "X." It is contemplated that distal housing 124 of adapter assembly 120 and endoscope 200 can be rotated up to about 180 degrees, in either direction, by motor "M" of surgical instrument holder 102. In some embodiments, endoscope 200 may be moved at the first, faster rate via the actuation of motor "M" of surgical instrument holder 102 rather than the actuation of motor 115 of instrument drive unit 110, and endoscope 200 may be moved at the second, slower rate via the actuation of motor 115 of instrument drive unit 110 rather than motor "M" of surgical instrument holder 102.

[0061] In addition to endoscope 200 being rotatable at two rates by adapter assembly 120, adapter assembly 120 may include a mechanical feature (not shown) used to increase the rotational angle while maintaining the clocking position of cables 210, 212 and buttons 203 of endoscope 200.

[0062] With reference to FIGS. 8-11, another embodiment of an adapter assembly 320 is provided, similar to adapter assembly 120 described above with reference to FIGS. 2-6. Adapter assembly 320 selectively intercouple instrument drive unit 110 (FIG. 2) and an endoscope, for example, endoscope 200 (FIG. 7), to transfer rotational motion originating from instrument drive unit 110 into rotational motion of endoscope 200 about its longitudinal axis "X." Adapter assembly 320 generally includes a proximal housing 322, a distal housing 324 rotatably coupled to proximal housing 322, and a drive assembly 360 disposed within proximal housing 322 and configured to rotate distal housing 324 relative to proximal housing 322.

[0063] In some embodiments, the endoscope 200 may be rotated in such a manner that the cables 210, 212 thereof do not swing close to the rail 40.

[0064] Proximal housing 322 of adapter assembly 320 has a mechanical interface, such as, for example, a female or male mating feature 326, configured to non-rotatably couple to a corresponding mating feature (not shown) of motor assembly 114 (FIG. 2) of instrument drive unit 110. As such, when adapter assembly 320 is coupled to instrument drive unit 110, a rotation of motor assembly 114 of instrument drive unit 110 results in a rotation of adapter assembly 320 and any surgical instrument attached thereto, for example, endoscope 200. A proximal end 322a of proximal housing 322 has a plurality of openings 334a, 334b defined therein configured for passage of proximal ends of a light cable 212 and a communications cable 210 of endoscope 200. Proximal housing 322 has a wire holder 323 configured to store cables 210, 212 of endoscope 200 therein when cables 210, 212 are not passed through openings 334a, 334b.

[0065] Distal housing 324 has a proximal portion 324a

and a distal portion 324b. Proximal portion 324a of distal housing 324 is rotatably connected to a distal end 322b of proximal housing 322. Proximal portion 324a of distal housing 324 is configured to retain cable couplers 206, 208 of endoscope 200 therein. In particular, proximal portion 324a of distal housing 324 has a latch lock mechanism 340 that allows for the selective removal and insertion of endoscope 200 into adapter assembly 320. Latch lock mechanism 340 includes a latch 342 that is pivotably connected to proximal portion 324a of distal housing 324, and a lock 344. Latch 342 has a male mating feature or projection 346 that is configured to interface with a corresponding female mating feature or recess (not shown) defined in lock 344.

[0066] Latch 342 of latch lock mechanism 340 is pivotable between a locked configuration, as shown in FIG. 10, and an unlocked configuration, as shown in FIG. 11. In the locked configuration, male mating feature 346 of latch 342 is engaged to the female mating feature of lock 344, thereby encapsulating couplers 206, 208 of endoscope 200 within proximal portion 324a of distal housing 324 and inhibiting removal of endoscope 200 therefrom. In the unlocked configuration, latch 342 is spaced from lock 344 allowing for either the removal of endoscope 200 from adapter assembly 320 or the insertion of endoscope 200 into adapter assembly 320. In some embodiments, any suitable locking mechanism may be provided on distal portion 324b of adapter assembly 320 or any portion of adapter assembly 320 to aid in the selective securement of endoscope 200 within adapter assembly 320.

[0067] Distal portion 324b of distal housing 324 has a generally elongate configuration and a hollow interior 328 configured for receipt of an endoscope, for example, endoscope 200. Hollow interior 328 has a generally non-circular shape, for example, rectangular, for non-rotatably retaining endoscope 200 therein. Due to the shape of hollow interior 328 of distal portion 324b of distal housing 324, a rotation of distal housing 324 of adapter assembly 320 causes endoscope 200 to rotate therewith.

[0068] Distal housing 324 of adapter assembly 320 further includes an inner housing 350 seated within distal portion 324b of distal housing 324. Inner housing 350 has a curved wall 352 that extends longitudinally within distal housing 324 and is configured to cup or partially surround an outer surface of proximal portion 202 of endoscope 200. Inner housing 350 also includes a base 354 having a generally squared shape that prevents inner housing 350 from rotating within and relative to distal housing 324. Base 354 prevents endoscope 200 from sliding distally out of adapter assembly 320. Distal housing 324 includes a biasing member, for example, a compression spring 353, disposed between base 354 and a distal end of distal housing 324 to allow base 354 to move between a lower position relative to the distal end of distal housing 324 and a higher position relative to the distal end of the distal housing 324 to facilitate insertion of endoscope 200 in base 354.

[0069] Base 354 of inner housing 350 defines a bore 356 therethrough configured for receipt of endoscope 200. Bore 356 of base 354 of inner housing 350 has a cone-shaped upper portion 356a, and a cylindrical lower portion 356b that extends distally from upper portion 356a. Upper portion 356a of bore 356 of base 345 is configured to receive a cone-shaped or tapered distal end 202b of proximal portion 202 of endoscope 200, and lower portion 356b of bore 356 is configured to house a cylindrical proximal end 204a of tube 204 of endoscope 200. This configuration of bore 356 accommodates length variability in a variety of endoscopes. It is contemplated that a plurality of different sized inner housings may be provided with each configured to retain a particularly sized endoscope. In some embodiments, inner housing 350 may be pivotable in relation to distal portion 324b of distal housing 324 to facilitate insertion of endoscope 200 into bore 356 of inner housing 350.

[0070] With specific reference to FIG. 9, drive assembly 360 of adapter assembly 320 is configured to transfer rotation of drive shaft 117 (FIG. 2) of instrument drive unit 110 into rotation of distal housing 324 of adapter assembly 320 relative to proximal housing 322 of adapter assembly 320. Drive assembly 360 includes a first drive shaft 362 having a proximal end 362a and a distal end 362b. Proximal end 362a of first drive shaft 360 has an input 364 in the form of a gear, such as, for example, a crown gear. Input 364 is configured for detachable operable engagement with the gear (not shown) of drive shaft 117 (FIG. 2) of motor 115 of instrument drive unit 110 such that actuation of motor 115 of instrument drive unit 110 results in rotation of first drive shaft 362 of drive assembly 360. Distal end 362b of first drive shaft 362 has a gear, such as, for example, a spur gear 366.

[0071] Drive assembly 360 includes a second drive shaft 372 extending longitudinally through proximal housing 322 and proximal portion 324a of distal housing 324 and is laterally offset from first drive shaft 362. Second drive shaft 372 has a proximal end 372a, and a distal end 372b extending between proximal housing 322 and proximal portion 324a of distal housing 324. Proximal end 372a of second drive shaft 372 has a gear, such as, for example, a spur gear 374, in operable engagement with spur gear 366 of first drive shaft 362 such that rotation of first drive shaft 362 results in rotation of second drive shaft 372. Distal end 372b of second drive shaft 372 is disposed within proximal portion 324a of distal housing 324 and is fixed to a surface thereof such that rotation of second drive shaft 372 results in a rotation of distal housing 324 relative to proximal housing 322.

[0072] It is contemplated that drive assembly 360 of adapter assembly 320 may be substituted with any suitable mechanism that transfers rotational motion originating from motor 115 of instrument drive unit 110 into rotation of distal housing 324 of adapter assembly 320 relative to proximal housing 322 of adapter assembly 320.

[0073] In operation, carriage 104 (FIG. 2) of surgical

instrument holder 102 is attached to rail 40 of robotic arm 2. Instrument drive unit 110 is positioned within the channel (not shown) of surgical instrument holder 102 and supported on side 108b of carriage 104 of surgical instrument holder 102. Proximal portion 322a of proximal housing 322 of adapter assembly 320 is non-rotatably coupled to motor assembly 114 of instrument drive unit 110 and motor 115 of instrument drive unit 110 is operably coupled to input 364 of drive assembly 360 of adapter assembly 320. Tube 204 of endoscope 200 is slidably received within bore 356 of inner housing 350 of adapter assembly 320 to seat endoscope 200 in inner housing 350 of adapter assembly 320. With latch lock mechanism 340 in the unlocked configuration, proximal portion 202 of endoscope 200 is pivoted, in a direction indicated by arrow "A" in FIG. 11, so that couplers 206, 208 of endoscope 200 are received within proximal portion 324a of distal housing 324 of adapter assembly 320. Cables 210, 212 of endoscope 200 are guided through proximal housing 322 of adapter assembly 320 and out through openings 334a, 334b of proximal housing 322 of adapter assembly 322. With endoscope 200 disposed within adapter assembly 320, latch lock mechanism 340 is then locked. With endoscope 200 retained within adapter assembly 320, endoscope 200 may be manipulated, for example, rotated, to a selected rotational position about its longitudinal axis "X."

[0074] In particular, endoscope 200 may be rotated at a first rate or a second rate, slower than the first rate, depending on how precise the clinician needs to be with positioning the endoscope 200 in a surgical site. To move endoscope 200 at the first, faster rate, a clinician operating manual input devices 7, 8 of surgical system 1, may actuate motor 115 of motor assembly 114 of instrument drive unit 110. Actuation of motor 115 of instrument drive unit 110 rotates the gear (not shown) thereof, which rotates input 364 of drive assembly 360 of adapter assembly 320 due to input 364 of drive assembly 360 being operably engaged to the gear of instrument drive unit 110. Rotation of input 364 rotates first drive shaft 362 of drive assembly 360, and in turn rotates second drive shaft 372 of drive assembly 360 due to gears 366, 374 of respective first and second drive shafts 362, 372 being in meshing engagement. Since distal end 372b of second drive shaft 372 is fixed to distal housing 324, rotation of second drive shaft 372 of drive assembly 360 effects rotation of distal housing 324 relative to proximal housing 322. With endoscope 200 retained within distal housing 324, endoscope 200 rotates about its longitudinal axis "X" as distal housing 324 rotates. It is contemplated that by actuating motor 115 of motor assembly 114, distal housing 324 and endoscope 200 can be rotated up to about 180 degrees, in either direction, relative to proximal housing 322.

[0075] To move endoscope 200 at the second, slower rate, a clinician operating manual input devices 7, 8 of surgical system 1, may actuate motor "M" of surgical instrument holder 102. Actuation of motor "M" of surgical instrument holder 102 drives a rotation of the motor shaft

(not shown) thereof, which transfers its rotational motion to motor assembly 114 of instrument drive unit 110. Since motor assembly 114 of instrument drive unit 110 is non-rotatably connected to proximal portion 322a of proximal housing 322 of adapter assembly 320, rotation of motor assembly 114 of instrument drive unit 110 causes proximal housing 322 of adapter assembly 320 to rotate and in turn rotates distal housing 324 of adapter assembly 320 and endoscope 200 about its longitudinal axis "X." It is contemplated that distal housing 324 of adapter assembly 320 and endoscope 200 can be rotated up to about 180 degrees, in either direction, by motor "M" of surgical instrument holder 102.

[0076] With reference to FIGS. 12-20, another embodiment of a surgical assembly 400 will be described herein. The surgical assembly 400 includes an endoscope, such as, for example, the stand alone endoscope 200 of FIG. 7, and an adapter assembly 420 configured for receipt of endoscope 200. It is contemplated that a plurality of different types of endoscopes may be able to fit within an elongate housing 422 of adapter assembly 420 other than endoscope 200 illustrated in FIG. 7. Alternatively, it is contemplated that a variety of different elongate housings 422 of adapter assembly 420 may be available or provided which are specifically configured to interconnect a specific endoscope to robotic surgical system 1 (FIG. 1).

[0077] With reference to FIGS. 12-15, adapter assembly 420 selectively intercouple surgical instrument holder 402 and endoscope 200 to transfer rotational motion originating from surgical instrument holder 402 into rotational motion of endoscope 200 about its longitudinal axis "X." Adapter assembly 420 generally includes an elongate housing 422 and a locking collar 424 non-rotatably coupled to elongate housing 422. Elongate housing 422 has a proximal end 422a having locking collar 424 non-rotatably attached thereto, and a distal end 422b. Elongate housing 422 of adapter assembly 420 has a generally cylindrical configuration and defines a channel 442 longitudinally therethrough. Channel 442 is configured to non-rotatably receive and retain proximal portion 202 of endoscope 200 therein.

[0078] Elongate housing 422 of adapter assembly 420 includes a first half section 444a and a second half section 444b. First and second half sections 444a, 444b of elongate housing 422 are removably connected to one another so that proximal portion 202 of endoscope 200 may be encapsulated by elongate housing 422 when first and second half sections 444a, 444b are connected to one another, and removed from or inserted within elongate housing 422 when first and second half sections 444a, 444b of elongate housing 422 are disconnected from one another. In some embodiments, elongate housing 422 may be monolithically formed from a pliable material that conforms to proximal portion 202 of endoscope 200 such that endoscope 200 can be selectively inserted into or removed from elongate housing 422. Elongate housing 422 defines an opening 446 extending

between an inner surface and an outer surface thereof. Opening 446 of elongate housing 422 has an elliptical shape and is configured to align with control buttons 203 on proximal portion 202 of endoscope 200 upon receipt of endoscope 200 into elongate housing 422.

[0079] Locking collar 424 of adapter assembly 420 is receivable within surgical instrument holder 402 to be drivingly coupled to a motor "M" (FIG. 20) of surgical instrument holder 402 such that an actuation of motor "M" effects rotation of adapter assembly 420. Locking collar 424 includes an annular member 426 and a pair of surface features 428a, 428b extending distally therefrom. Annular member 426 of locking collar 424 is non-rotatably disposed about proximal end 422a of elongate housing 422 to transfer rotation caused by actuation of "M" of surgical instrument holder 402 to elongate housing 422 and in turn to endoscope 200. Annular member 426 defines a circular bore 430 therethrough configured for the passage of various cables of an endoscope, for example, endoscope 200. Annular member 426 of locking collar 424 has an inner surface 432 having a mating feature, for example, threading 434, configured for mating or threading engagement with a corresponding mating feature 492 of an inner member 490 of surgical instrument holder 402.

[0080] Surface features 428a, 428b of locking collar 424 are male mating members, such as, for example, a pair of arcuate tabs extending distally from annular member 426 of locking collar 424. Tabs 428a, 428b are configured for mating receipt within respective recesses 494a, 494b defined in inner member 490 of surgical instrument holder 402 to assist in the transfer of rotational motion from inner member 490 of surgical instrument holder 402 to locking collar 424 of adapter assembly 420. As such, with annular member 426 of locking collar 424 of adapter assembly 420 matingly engaged to inner member 490 of surgical instrument holder 402, a rotation of inner member 490 of surgical instrument holder 402 causes adapter assembly 420 to rotate therewith.

[0081] With reference to FIGS. 15-20, surgical instrument holder 402 of surgical assembly 400 functions to support adapter assembly 420 therein, and to effect a rotation of adapter assembly 420 relative thereto. Surgical instrument holder 402, which is similar to the holder 102 of FIG. 2, includes a back member or carriage 404, and an outer member or housing 406 extending laterally (e.g., perpendicularly) from an end of carriage 404. In some embodiments, outer member 406 may extend at various angles relative to carriage 404 and from various portions of carriage 404. Carriage 404 has a first side 408a and a second side 408b, opposite first side 408a. First side 408a of carriage 404 is slidably connected to rail 40 of robotic arm 2 (FIG. 2) to enable surgical instrument holder 402 to slide or translate along rail 40 (FIG. 2) of robotic arm 2. In some embodiments, first side 408a of carriage 404 may also be detachably connected to rail 40.

[0082] Carriage 404 of surgical instrument holder 402 supports or houses a motor, such as, for example, a

canister motor "M" therein. Motor "M" receives controls and power from control device 4 (FIG. 1) to ultimately rotate adapter assembly 420 and endoscope 200 when adapter assembly 420, with endoscope 200, is attached to surgical instrument holder 402. In some embodiments, carriage 404 may include a printed circuit board in electrical communication with motor "M" to control an operation of motor "M" of carriage 404. Carriage 404 has a rotatable drive shaft extending from motor "M" and longitudinally through carriage 404. The drive shaft of carriage 404 is operably coupled to a drive assembly 450 of surgical instrument holder 402, which transfers a rotation from motor "M" of surgical instrument holder 402 to adapter assembly 420 when adapter assembly 420 is received in surgical instrument holder 402, as will be described in detail below.

[0083] With continued reference to FIGS. 15-20, drive assembly 450 of surgical instrument holder 402 resides within outer member 406 of surgical instrument holder 402 and is configured to transfer a rotation of the drive shaft of motor "M" of surgical instrument holder 402 into rotational motion of adapter assembly 420 when adapter assembly 420 is operably received within surgical instrument holder 402. In particular, drive assembly 450 of surgical instrument holder 402 includes a first pulley 454 and a second pulley 456 each disposed within outer member 406. First pulley 454 is non-rotatably coupled to the drive shaft of motor "M" of surgical instrument holder 402 such that rotation of the drive shaft effects rotation of first pulley 454 relative to outer member 406. First and second pulleys 454, 456 may be selectively movable within housing 406 to different locations of housing 406. First and second pulleys 454, 456 are each in the form of gears, such as, for example, spur gears, having teeth 458 extending radially from a periphery thereof. In some embodiments, first and second pulleys 454, 456 may have smooth outer surfaces without teeth.

[0084] Drive assembly 450 further includes a drive strap or belt 460 rotatably and/or translatably received within outer member 406. Belt 460 is a closed loop and fabricated from a pliable material such that belt 460 may be manipulated into any suitable shape. In particular, belt 460 takes on the oblong semicircular shape of outer member 406 upon being received in outer member 406. In some embodiments, belt 460 may be formed from a rigid material and have a permanent oblong semicircular shape corresponding to the shape of outer member 406. Belt 460 has teeth 462 extending from an inner surface thereof. Belt 460 is wrapped around first and second pulleys 454, 456 such that teeth 462 of belt 460 are in operable engagement with teeth 458 of first and second pulleys 454, 456. In this way, rotation of first pulley 454 caused by actuation of motor "M" of carriage 404, causes belt 460 to rotate around first and second pulleys 454, 456. Second pulley 456 acts as an idler pulley to guide belt 460 around the inner periphery of outer member 406. It is contemplated that second pulley 456 may be selectively moved to a plurality of positions to

effect the tension on/of belt 460.

[0085] In some embodiments, first pulley 454 and belt 460 do not have teeth for transferring rotational motion between one another. Instead, rotation is transferred between first pulley 454 and belt 460 via the frictional engagement of a smooth inner surface of belt 460 with a smooth outer surface of first pulley 454. It is contemplated that each of the components of drive assembly 450 may be removable from housing 406 to facilitate assembly, repair, and adjustments of drive assembly 450.

[0086] Drive assembly 450 further includes a ring gear 480 rotatably disposed within outer member 406. Ring gear 480 has a plurality of teeth 482 extending radially from an outer surface thereof. Teeth 482 are in operable engagement with teeth 462 of belt 460. As such, rotation of belt 460 causes ring gear 480 to rotate within and relative to outer member 406.

[0087] With continued reference to FIGS. 15-20, inner member 490 of surgical instrument holder 402 is non-rotatably disposed within ring gear 480 of drive assembly 450 such that rotation of ring gear 480 causes inner member 490 to rotate therewith. In some embodiments, ring gear 480 may be monolithically formed with the outer surface of inner member 490. Inner member 490 is configured to non-rotatably receive adapter assembly 420 therein and to transfer a rotation of drive assembly 450 of surgical instrument holder 402 to adapter assembly 420. Inner member 490 has a circular configuration corresponding to the circular channel defined through outer member 406.

[0088] As illustrated, for example in FIG. 16, inner member 490 is an assembly of parts including an upper inner member 490a, an intermediate inner member 490b, and a lower inner member 490c. Upper and intermediate inner members 490a, 490b are attached to one another via a snap fit engagement. It is contemplated that inner member 490 may be a unitary piece and not be an assembly of parts. In some embodiments, upper and intermediate inner members 490a, 490b may be attached to one another via any suitable fastening arrangement. Upper inner member 490a has a threaded outer surface 492 configured for threading engagement with threading 434 (FIG. 14) of locking collar 424 of adapter assembly 420. Intermediate inner member 490b is non-rotatably received within ring gear 480 of drive assembly 450 of surgical instrument holder 402 such that rotation of ring gear 480 effects rotation of inner member 490 relative to outer member 406.

[0089] Upper and intermediate inner members 490a, 490b cooperatively define a recess 494a therein configured for receipt of one of tabs 428a, 428b of adapter assembly 420. Lower inner member 490c is non-rotatably received within intermediate inner member 490b. Lower inner member 490c defines a recess 494b therein that is offset about 180 degrees from recess 494a of upper and intermediate inner members 490a, 490b. Recess 494b of lower inner member 490c is configured for receipt of the other tab of tabs 428a, 428b of adapter

assembly 420 such that upon receipt of adapter assembly 420 within surgical instrument holder 402, tabs 428a, 428b of locking collar 424 of adapter assembly 420 are seated within recesses 494a, 494b of inner member 490 of surgical instrument holder 402. In this way, rotation of inner member 490 relative to outer member 406 causes adapter assembly 420 to rotate therewith.

[0090] In operation, carriage 404 of surgical instrument holder 402 is attached to rail 40 (FIG. 2) of robotic arm 2. Tabs 428a, 428b of locking collar 424 of adapter assembly 420 are placed within recesses 494a, 494b of inner member 490 of surgical instrument holder 402 and adapter assembly 420 is manually rotated relative to outer member 406 to threadingly engage threaded outer surface 492 of inner member 490 of surgical instrument holder 402 with threaded inner surface 434 of locking collar 424 of adapter assembly 420. Cables 210, 212 (FIG. 7) of endoscope 200 are guided through distal end 422b of elongate housing 422 of adapter assembly 420 and out through annular member 426 of locking collar 424 of adapter assembly 420, and proximal portion 202 of endoscope 200 is secured within channel 442 of elongate housing 422 of adapter assembly 420. With proximal portion 202 of endoscope 200 retained within elongate housing 422 of adapter assembly 420, endoscope 200 may be manipulated, for example, rotated, to a selected rotational position about its longitudinal axis "X."

[0091] In particular, to rotate endoscope 200 about its longitudinal axis "X," a clinician operating manual input devices 7, 8 of surgical system 1 (FIG. 1), may actuate motor "M" of surgical instrument holder 402. Actuation of motor "M" of surgical instrument holder 402 drives a rotation of the motor shaft thereof, which transfers its rotational motion to first pulley 454 of drive assembly 450. Since belt 460 of drive assembly 450 is in operable engagement with first pulley 454 of drive assembly 450, and ring gear 480 of drive assembly 450 is in operable engagement with belt 460, rotation of first pulley 454 causes belt 460 of drive assembly 450 to rotate and in turn causes ring gear 480 of drive assembly 450 to rotate.

[0092] With inner member 490 of surgical instrument holder 402 non-rotatably received within ring gear 480, rotation of ring gear 480 of drive assembly 450 within outer member 406 of surgical instrument holder 402 drives a rotation of inner member 490 relative to outer member 406. The rotation of inner member 490 within outer member 406 of surgical instrument holder 402 drives a rotation of adapter assembly 420 given that locking collar 434 of adapter assembly 420 is lockingly engaged to inner member 490. With proximal end 202 of endoscope 200 non-rotatably coupled to elongate housing 422 of adapter assembly 420, rotation of adapter assembly 420 of surgical instrument holder 402 results in rotation of endoscope 200 about its longitudinal axis "X."

[0093] With reference to FIGS. 21A-25, another embodiment of an adapter assembly 520 is provided, similar to adapter assembly 120 described above with reference

to FIGS. 2-6. Adapter assembly 520 selectively intercouple instrument drive unit 110 (FIG. 2) and an endoscope, for example, endoscope 200 (FIG. 7), to transfer rotational motion originating from instrument drive unit 110 (FIG. 2) into rotational motion of endoscope 200 about its longitudinal axis "X." Adapter assembly 520 generally includes a proximal housing 522, and a distal housing 524 non-rotatably coupled to proximal housing 522.

[0094] Proximal housing 522 of adapter assembly 520 has a mechanical interface, such as, for example, a female or male mating feature 526, configured to non-rotatably couple to a corresponding mating feature (not shown) of motor assembly 114 (FIG. 2) of instrument drive unit 110. As such, when adapter assembly 520 is coupled to instrument drive unit 110, a rotation of motor assembly 114 of instrument drive unit 110 results in a rotation of adapter assembly 520 and any surgical instrument attached thereto, for example, endoscope 200.

[0095] Proximal housing 522 of adapter assembly 520 has a main body 522a and a latch or door 522b pivotably coupled to main body 522a. Main body 522a defines an arcuate channel 529 therein configured for the passage of proximal ends of a light cable 212 and a communications cable 210 of endoscope 200, or any suitable wire or cable of endoscope 200, for example, a fiber optic cable. With a cable of endoscope 200 disposed within the arcuate channel 529, the configuration of the arcuate channel 529 is such that the arcuate channel 529 bends the cable of endoscope 200 and routes the proximal end of the cable of endoscope 200 in a distal direction.

[0096] Proximal housing 522 of adapter assembly 520 includes a locking assembly 530 disposed in the main body 522a and which is configured to releasably lock the door 522b of proximal housing 522 to main body 522a, as will be described herein. Locking assembly 530 includes a rotatable member or button 532, a biasing member, for example, a torsion spring 534, and a cap 536. The rotatable member 532 is rotatably disposed within main body 522a so as to not project from main body 522a, thereby reducing the likelihood of an inadvertent actuation of rotatable member 532. Rotatable member 532 has a finger 538 or lock extending laterally therefrom. The torsion spring 534 is disposed between rotatable member 532 and cap 536 and resiliently biases finger 538 of rotatable member 532 in a downward or distal direction. Cap 536 of locking assembly 530 maintains rotatable member 532 and spring 534 within main body 522a.

[0097] Door 522b of proximal housing 522 has an inwardly-extending projection 540 configured to selectively interlock with finger 538 of rotatable member 532 of locking assembly 530. In particular, projection 540 of door 522b has a ramped end 542 configured to engage finger 538 of rotatable member 532. Projection 540 of door 522b also defines a cutout 544 therein. In use, as door 522b of proximal housing 522 is closed (e.g., door 522b is pivoted towards main body 522a), ramped end 542 of projection 540 of door 522b engages finger 538 of rotatable member 532 to lift or raise finger 538 of rota-

table member 532, which, in turn, rotates rotatable member 532 in a first direction (e.g., a clockwise direction). Upon closing door 522b of proximal housing 522, finger 538 of rotatable member 532 passes over ramped end 542 of projection 540 to permit the resilient bias of torsion spring 534 of locking assembly 530 to rotate rotatable member 532 in a second direction (e.g., a counter-clockwise direction) to seat or dispose finger 538 of rotatable member 532 in cutout 544 of projection 540. With finger 538 of locking assembly 530 disposed within cutout 544 of projection 540, opening door 522b relative to main housing 522a is resisted or prevented by the coupling of finger 538 of main body 522a and projection 540 of door 522b.

[0098] To disengage the locking assembly 530 of main body 522a from the projection 540 of door 522b, rotatable member 532 may be manually rotated in the first direction against the resilient bias of torsion spring 534 of locking assembly 530, thereby raising finger 538 of rotatable member 532 out of cutout 544 of projection 540. With finger 538 of rotatable member 532 out of engagement with projection 540 of door 522b, door 522b may be pivoted away from main body 522a to allow for the insertion or removal of endoscope 200 from adapter assembly 520.

[0099] Proximal housing 522a further includes a pair of pads 550a, 550b, wherein a first pad 550a of the pair of pads is coupled to main body 522a of proximal housing 522 and a second pad 550b of the pair of pads is coupled to the door 522b of proximal housing 522. Pads 550a, 550b are fabricated from a resilient material, for example, silicon or an elastomer. It is contemplated that pads 550a, 550b may be fabricated from any suitable material, for example, flexible or hard materials. Pads 550a, 550b are configured to capture a proximal portion of endoscope 200 therebetween when door 522b of proximal housing 522 is closed. As such, pads 550a, 550b eliminate backlash and increase stiffness between door 522b and main body 522 of proximal housing 522.

[0100] With continued reference to FIGS. 21A-25, distal housing 524 of adapter assembly 520 has a semi-cylindrical shape (see FIG. 21B) configured to partially surround endoscope 200. Distal housing 524 defines a hollow interior 528 having a generally non-circular shape, for example, rectangular, for non-rotatably retaining endoscope 200 therein. Due to the shape of hollow interior 528 of distal housing 524, a rotation of distal housing 524 of adapter assembly 520 causes endoscope 200 to rotate therewith.

[0101] Distal housing 524 defines an opening or window 552 therein to allow for a clinician to eject endoscope 200 from adapter assembly 520 by passing a finger or tool through window 552 while endoscope 200 is disposed within adapter assembly 520. Distal portion 524 defines an elongated cutout 554 configured to receive control buttons 203 of endoscope 200. Distal housing 524 defines an opening 546 in a distal end thereof that is coaxial with a longitudinal axis defined by the adapter

assembly 520.

[0102] Distal housing 524 includes a flexible ring member 560 disposed therein. It is contemplated that ring member 560 may be fabricated from any suitable, flexible material, for example, an elastomer. Ring member 560 of distal housing 524 is configured to cup or partially surround an outer surface of proximal portion 202 of endoscope 200. Ring member 560 prevents endoscope 200 from sliding distally out of adapter assembly 520. Ring member 560 defines a bore 562 therethrough configured for receipt of endoscope 200. Bore 562 of ring member 560 is cone-shaped to receive a cone-shaped or tapered distal end 202b of proximal portion 202 of endoscope 200.

[0103] Adapter assembly 520 may include a memory 564, such as, for example, an identification chip (FIG. 22), that stores a variety of information regarding various components of system 1 (FIG. 1). For example, memory 564 may store identification information that can be used by system 1 to determine the identification of adapter assembly 520 or endoscope 200 connected to robotic arm 2 (FIG. 2). Based on the determined identification of an adapter assembly or endoscope, system 1 may or may not provide energy to the surgical assembly 100 (FIG. 2). For example, if the identification information stored in memory 564 does not match identification information provided by an adapter assembly, for example, adapter assembly 520, or an endoscope, for example, endoscope 200 (e.g., via a RFID tag on the adapter assembly 520 or endoscope 200), system 1 may not provide energy to any or all components of surgical assembly 100. In some embodiments, the memory 564 may also control and monitor the life of the adapter assembly 520.

[0104] Each of the adapter assemblies of the present disclosure may be fabricated from a variety of suitable materials, for example, PEEK, PEK, PEKK, PEKEKK, UDEL, RADEL PPS, PPSU, Ultem™, Valox™, and/or various non-conductive materials including thermoplastics or resin-based materials.

[0105] It will be understood that various modifications may be made to the embodiments disclosed herein. Therefore, the above description should not be construed as limiting, but merely as exemplifications of various embodiments. Those skilled in the art will envision other modifications within the scope of the claims appended thereto.

Claims

1. An adapter assembly (120, 320) for connecting an endoscope (200) to a robotic surgical system, the adapter assembly comprising:

a proximal housing (122, 322) having a proximal portion (122a, 322a) and a distal portion (122b, 322b), the proximal portion of the proximal hous-

- ing configured to be coupled to an instrument drive unit (110) of a robotic surgical system, the distal portion of the proximal housing defining an opening (136) therein;
 a distal housing (124, 324) including a proximal portion (124a, 324a) and a distal portion (124b, 324b), the proximal portion of the distal housing being rotatably received within the opening (136) of the distal portion of the proximal housing, the distal portion of the distal housing defining a channel (142) longitudinally therethrough, the channel configured for non-rotatable receipt of an endoscope (200); and
 a drive assembly (160, 360) including an input (164, 364) configured to be operably coupled to a motor (115) of a motor assembly (114) of an instrument drive unit (110) of a robotic surgical system, and an output (176) operably coupled to the proximal portion of the distal housing (124) to rotate the distal housing relative to the proximal housing, wherein the proximal housing is configured to be non-rotatably coupled to the motor assembly (114) of the instrument drive unit (110) such that rotation of the motor assembly causes a rotation of each of the proximal and distal housings (122, 322, 124, 324) of the adapter assembly (120, 320) and the endoscope (200).
2. The adapter assembly according to claim 1, wherein the drive assembly (160, 360) includes a drive shaft (162, 362) operably interconnecting the input (164, 364) of the drive assembly to the output (176) of the drive assembly such that rotation of the input effects rotation of the output via the drive shaft.
 3. The adapter assembly according to claim 2, wherein each of the input and the output of the drive assembly is a gear.
 4. The adapter assembly according to claim 3, wherein the distal housing (124) includes a ring gear (150) non-rotatably disposed about the proximal portion (124a) of the distal housing, the ring gear including teeth (152) in operable engagement with the output of the drive assembly.
 5. The adapter assembly according to any preceding claim, further comprising a pair of bearings longitudinally spaced from one another and disposed between an outer surface of the distal housing (124) and an inner surface of the proximal housing (122) to facilitate rotation of the distal housing relative to the proximal housing.
 6. The adapter assembly according to any preceding claim, wherein the distal housing (124) includes a first half section (144a) and a second half section (144b) removably connected to the first half section.
 7. The adapter assembly according to any preceding claim, wherein the proximal housing (122) defines at least one opening (134a, 134b) in the proximal portion (122a) thereof for passage of at least one cable (212) of an endoscope (200).
 8. The adapter assembly according to any preceding claim, wherein the proximal housing (122) defines a pair of openings (130a, 130b) circumferentially spaced from one another.
 9. The adapter assembly according to any preceding claim, wherein the distal housing (124) defines an opening extending between an outer surface of the distal housing and an inner surface of the distal housing, the opening of the distal housing configured to align with control buttons (203) of an endoscope upon receipt of an endoscope into the distal housing.
 10. A surgical assembly for interconnecting an endoscope and a surgical robotic arm, the surgical assembly comprising:
 - a surgical instrument holder (102) supported on a surgical robotic arm (2); and
 - an adapter assembly (120, 320) according to any one of the preceding claims.
 11. The surgical assembly according to claim 10, wherein the surgical instrument holder (102) includes a motor ("M") operably coupled to the instrument drive unit (110) such that actuation of the motor of the surgical instrument holder effects rotation of each of the instrument drive unit, the proximal and distal housings of the adapter assembly, and the endoscope relative to the surgical instrument holder.
 12. The surgical assembly according to claim 11, wherein the rotation of the endoscope caused by the motor ("M") of the surgical instrument holder (102) is at a different rate than the rotation of the endoscope (200) caused by the motor (115) of the instrument drive unit (110).
 13. A method of assembling an endoscopic surgical assembly, the method comprising:
 - supporting a surgical instrument holder (102) on a surgical robotic arm (2), the surgical instrument holder including a motor ("M");
 - providing an instrument drive unit (110) having a motor assembly (114) including a motor (115);
 - providing an adapter assembly (120, 320) including:
 - a proximal housing (122, 322) having a proximal portion (122a, 322a) and a distal portion (122b, 322b), the distal portion of the

proximal housing defining an opening (136) therein;
 a distal housing (124, 324) including a proximal portion (124a, 324a) and a distal portion (124b, 324b), the proximal portion of the distal housing being rotatably received within the opening of the distal portion of the proximal housing; and
 a drive assembly (160, 360) including an input (164, 364), and an output operably coupled to the proximal portion of the distal housing;

supporting the instrument drive unit (110) on the surgical instrument holder (102);
 coupling the proximal portion of the proximal housing (122, 322) to the instrument drive unit thereby operably coupling the input of the adapter assembly (120, 320) to the motor (115) of the instrument drive unit;
 disposing a proximal portion of an endoscope (200) within the channel defined in the distal housing (124, 324) of the adapter assembly;
 actuating the motor (115) of the instrument drive unit (110) to effect rotation of the distal housing (124, 324) of the adapter assembly and the endoscope (200) relative to the proximal housing (122, 322) of the adapter assembly; and
 actuating the motor ("M") of the surgical instrument holder (102) thereby rotating each of the motor assembly (114) of the instrument drive unit, the proximal and distal housings of the adapter assembly, and the endoscope relative to the surgical instrument holder.

14. An adapter assembly according to claim 1, further comprising a latch (342) pivotably connected to the proximal portion (324a) of the distal housing (324), and a lock (344) connected to the proximal portion of the distal housing, the latch configured to selectively connect to the lock for selectively retaining an endoscope within the adapter assembly.
15. An adapter assembly according to claim 14, wherein the distal housing (324) includes an inner housing (350) seated within the distal portion thereof (324b), the inner housing including a base (354) defining a bore (356) therethrough, the bore configured for removable receipt of an endoscope (200); and/ or wherein the bore (356) of the base (354) has a cone-shaped upper portion (356a), and a cylindrical lower portion (356b) that extends distally from the cone-shaped upper portion.

Patentansprüche

1. Adapterbaugruppe (120, 320) zum Verbinden eines

Endoskops (200) mit einem chirurgischen Robotersystem, wobei die Adapterbaugruppe Folgendes umfasst:

ein proximales Gehäuse (122, 322) mit einem proximalen Abschnitt (122a, 322a) und einem distalen Abschnitt (122b, 322b), wobei der proximale Abschnitt des proximalen Gehäuses dazu ausgestaltet ist, an eine Instrumentenantriebseinheit (110) eines chirurgischen Robotersystems gekoppelt zu werden, wobei der distale Abschnitt des proximalen Gehäuses eine Öffnung (136) darin definiert,
 ein distales Gehäuse (124, 324), das einen proximalen Abschnitt (124a, 324a) und einen distalen Abschnitt (124b, 324b) aufweist, wobei der proximale Abschnitt des distalen Gehäuses drehbar in der Öffnung (136) des distalen Abschnitts des proximalen Gehäuses aufgenommen ist, wobei der distale Abschnitt des distalen Gehäuses einen Kanal (142) in Längsrichtung dort hindurch definiert, wobei der Kanal zur drehfesten Aufnahme eines Endoskops (200) ausgestaltet ist, und
 eine Antriebsbaugruppe (160, 360), die einen Eingang (164, 364), der zur Wirkkoppelung an einen Motor (115) einer Motorbaugruppe (114) einer Instrumentenantriebseinheit (110) eines chirurgischen Robotersystems ausgestaltet ist, und einen Ausgang (176) aufweist, der an den proximalen Abschnitt des distalen Gehäuses (124) wirkgekoppelt ist, um das distale Gehäuse bezüglich des proximalen Gehäuses zu drehen, wobei das proximale Gehäuse dazu ausgestaltet ist, drehfest an die Motorbaugruppe (114) der Instrumentenantriebseinheit (110) gekoppelt zu werden, so dass durch eine Drehung der Motorbaugruppe eine Drehung jeweils des proximalen und des distalen Gehäuses (122, 322, 124, 324) der Adapterbaugruppe (120, 320) und des Endoskops (200) veranlasst wird.

2. Adapterbaugruppe nach Anspruch 1, wobei die Antriebsbaugruppe (160, 360) eine Antriebswelle (162, 362) aufweist, die den Eingang (164, 364) der Antriebsbaugruppe mit dem Ausgang (176) der Antriebsbaugruppe wirkverbindet, so dass eine Drehung des Eingangs über die Antriebswelle eine Drehung des Ausgangs bewirkt.
3. Adapterbaugruppe nach Anspruch 2, wobei jeweils der Eingang und der Ausgang der Antriebsbaugruppe ein Zahnrad ist.
4. Adapterbaugruppe nach Anspruch 3, wobei das distale Gehäuse (124) ein Hohlrad (150) aufweist, das drehfest um den proximalen Abschnitt (124a)

des distalen Gehäuses angeordnet ist, wobei das Hohlrad Zähne (152) aufweist, die mit dem Ausgang der Antriebsbaugruppe in Wirkeingriff stehen.

5. Adapterbaugruppe nach einem der vorhergehenden Ansprüche, ferner umfassend ein Paar Lager, die in Längsrichtung voneinander beabstandet und zwischen einer Außenfläche des distalen Gehäuses (124) und einer Innenfläche des proximalen Gehäuses (122) angeordnet sind, um eine Drehung des distalen Gehäuses bezüglich des proximalen Gehäuses zu ermöglichen. 5 10
6. Adapterbaugruppe nach einem der vorhergehenden Ansprüche, wobei das distale Gehäuse (124) einen ersten Halbabschnitt (144a) und einen entferntbar mit dem ersten Halbabschnitt verbundenen zweiten Halbabschnitt (144b) aufweist. 15
7. Adapterbaugruppe nach einem der vorhergehenden Ansprüche, wobei das proximale Gehäuse (122) für den Durchgang mindestens eines Kabels (212) eines Endoskops (200) mindestens eine Öffnung (134a, 134b) in dem proximalen Abschnitt (122a) davon definiert. 20 25
8. Adapterbaugruppe nach einem der vorhergehenden Ansprüche, wobei das proximale Gehäuse (122) ein Paar Öffnungen (130a, 130b) definiert, die in Umfangsrichtung voneinander beabstandet sind. 30
9. Adapterbaugruppe nach einem der vorhergehenden Ansprüche, wobei das distale Gehäuse (124) eine Öffnung definiert, die sich zwischen einer Außenfläche des distalen Gehäuses und einer Innenfläche des distalen Gehäuses erstreckt, wobei die Öffnung des distalen Gehäuses dazu ausgestaltet ist, bei Aufnahme eines Endoskops in dem distalen Gehäuse mit Steuerknöpfen (203) eines Endoskops zu fluchten. 35 40
10. Chirurgische Baugruppe zum Verbinden eines Endoskops und eines chirurgischen Roboterarms, wobei die chirurgische Baugruppe Folgendes umfasst: 45
 - einen chirurgischen Instrumentenhalter (102), der an einem chirurgischen Roboterarm (2) getragen wird, und
 - eine Adapterbaugruppe (120, 320) nach einem der vorhergehenden Ansprüche. 50
11. Chirurgische Baugruppe nach Anspruch 10, wobei der chirurgische Instrumentenhalter (102) einen Motor ("M") aufweist, der an die Instrumentenantriebseinheit (110) wirkgekoppelt ist, so dass eine Betätigung des Motors des chirurgischen Instrumentenhalters eine Drehung jeweils der Instrumentenantriebseinheit, des proximalen und des distalen Gehäuses der Adapterbaugruppe und des Endoskops bezüglich des chirurgischen Instrumentenhalters bewirkt. 55

des distalen Gehäuses angeordnet ist, wobei das Hohlrad Zähne (152) aufweist, die mit dem Ausgang der Antriebsbaugruppe in Wirkeingriff stehen.

12. Chirurgische Baugruppe nach Anspruch 11, wobei die durch den Motor ("M") des chirurgischen Instrumentenhalters (102) verursachte Drehung des Endoskops mit einer anderen Geschwindigkeit als die durch den Motor (115) der Instrumentenantriebseinheit (110) verursachte Drehung des Endoskops (200) erfolgt. 10

13. Verfahren zum Zusammenbau einer endoskopischen chirurgischen Baugruppe, wobei das Verfahren Folgendes umfasst:

Stützen eines chirurgischen Instrumentenhalters (102) an einem chirurgischen Roboterarm (2), wobei der chirurgische Instrumentenhalter einen Motor ("M") aufweist,
Bereitstellen einer Instrumentenantriebseinheit (110) mit einer Motorbaugruppe (114), die einen Motor (115) aufweist,
Bereitstellen einer Adapterbaugruppe (120, 320), die Folgendes aufweist:

ein proximales Gehäuse (122, 322) mit einem proximalen Abschnitt (122a, 322a) und einem distalen Abschnitt (122b, 322b), wobei der distale Abschnitt des proximalen Gehäuses eine Öffnung (136) darin definiert,
ein distales Gehäuse (124, 324), das einen proximalen Abschnitt (124a, 324a) und einen distalen Abschnitt (124b, 324b) aufweist, wobei der proximale Abschnitt des distalen Gehäuses drehbar in der Öffnung des distalen Abschnitts des proximalen Gehäuses aufgenommen ist, und eine Antriebsbaugruppe (160, 360), die einen Eingang (164, 364) und einen Ausgang aufweist, die an den proximalen Abschnitt des distalen Gehäuses wirkgekoppelt sind,
Stützen der Instrumentenantriebseinheit (110) an dem chirurgischen Instrumentenhalter (102),
Koppeln des proximalen Abschnitts des proximalen Gehäuses (122, 322) an die Instrumentenantriebseinheit, wodurch der Eingang der Adapterbaugruppe (120, 320) an den Motor (115) der Instrumentenantriebseinheit wirkgekoppelt wird,
Anordnen eines proximalen Abschnitts eines Endoskops (200) in dem in dem distalen Gehäuse (124, 324) der Adapterbaugruppe definierten Kanal,
Betätigen des Motors (115) der Instrumentenantriebseinheit (110), um eine Drehung

- des distalen Gehäuses (124, 324) der Adapterbaugruppe und des Endoskops (200) bezüglich des proximalen Gehäuses (122, 322) der Adapterbaugruppe zu bewirken, und Betätigen des Motors ("M") des chirurgischen Instrumentenhalters (102), wodurch jeweils die Motorbaugruppe (114) der Instrumentenantriebseinheit, das proximale und das distale Gehäuse der Adapterbaugruppe und das Endoskop bezüglich des chirurgischen Instrumentenhalters gedreht werden.
14. Adapterbaugruppe nach Anspruch 1, ferner umfassend einen Riegel (342), der schwenkbar mit dem proximalen Abschnitt (324a) des distalen Gehäuses (324) verbunden ist, und eine Verriegelung (344), die mit dem proximalen Abschnitt des distalen Gehäuses verbunden ist, wobei der Riegel dazu ausgestaltet ist, gezielt mit der Verriegelung verbunden zu werden, um ein Endoskop gezielt in der Adapterbaugruppe zu halten.
15. Adapterbaugruppe nach Anspruch 14, wobei das distale Gehäuse (324) ein inneres Gehäuse (350) aufweist, das in dem distalen Abschnitt (324b) davon sitzt, wobei das innere Gehäuse eine Basis (354) aufweist, die eine Bohrung (356) dort hindurch definiert, wobei die Bohrung zur entfernbaren Aufnahme eines Endoskops (200) ausgestaltet ist und/oder wobei die Bohrung (356) der Basis (354) einen kegelförmigen oberen Abschnitt (356a) und einen zylindrischen unteren Abschnitt (356b) aufweist, der sich distal von dem kegelförmigen oberen Abschnitt erstreckt.
- Revendications**
1. Ensemble adaptateur (120, 320) permettant de raccorder un endoscope (200) à un système chirurgical robotisé, l'ensemble adaptateur comprenant :
- un boîtier proximal (122, 322) présentant une partie proximale (122a, 322a) et une partie distale (122b, 322b), la partie proximale du boîtier proximal étant conçue pour être couplée à une unité d'entraînement d'instrument (110) d'un système chirurgical robotisé, la partie distale du boîtier proximal définissant une ouverture (136) en son sein ;
- un boîtier distal (124, 324) comportant une partie proximale (124a, 324a) et une partie distale (124b, 324b), la partie proximale du boîtier distal étant reçue de manière rotative dans l'ouverture (136) de la partie distale du boîtier proximal, la partie distale du boîtier distal définissant un canal (142) s'étendant longitudinalement à travers celui-ci, le canal étant conçu pour recevoir de manière non rotative un endoscope (200) ; et un ensemble d'entraînement (160, 360) comportant une entrée (164, 364) configurée pour être couplée de manière opérationnelle à un moteur (115) d'un ensemble moteur (114) d'une unité d'entraînement d'instrument (110) d'un système chirurgical robotisé, et une sortie (176) couplée de manière opérationnelle à la partie proximale du boîtier distal (124) pour faire tourner le boîtier distal par rapport au boîtier proximal, dans lequel le boîtier proximal est configuré pour être couplé de manière non rotative à l'ensemble moteur (114) de l'unité d'entraînement d'instrument (110) de telle sorte que la rotation de l'ensemble moteur provoque une rotation de chacun des boîtiers proximal et distal (122, 322, 124, 324) de l'ensemble adaptateur (120, 320) et de l'endoscope (200).
2. Ensemble adaptateur selon la revendication 1, dans lequel l'ensemble d'entraînement (160, 360) comporte un arbre d'entraînement (162, 362) interconnectant de manière opérationnelle l'entrée (164, 364) de l'ensemble d'entraînement à la sortie (176) de l'ensemble d'entraînement de telle sorte que la rotation de l'entrée entraîne la rotation de la sortie par le biais de l'arbre d'entraînement.
3. Ensemble adaptateur selon la revendication 2, dans lequel chacune de l'entrée et de la sortie de l'ensemble d'entraînement est un engrenage.
4. Ensemble adaptateur selon la revendication 3, dans lequel le boîtier distal (124) comporte une couronne dentée (150) disposée de manière non rotative autour de la partie proximale (124a) du boîtier distal, la couronne dentée comportant des dents (152) en prise opérationnelle avec la sortie de l'ensemble d'entraînement.
5. Ensemble adaptateur selon une quelconque revendication précédente, comprenant en outre une paire de paliers espacés longitudinalement l'un de l'autre et disposés entre une surface externe du boîtier distal (124) et une surface interne du boîtier proximal (122) pour faciliter la rotation du boîtier distal par rapport au boîtier proximal.
6. Ensemble adaptateur selon une quelconque revendication précédente, dans lequel le boîtier distal (124) comporte une première demi-section (144a) et une seconde demi-section (144b) reliée de manière amovible à la première demi-section.
7. Ensemble adaptateur selon une quelconque revendication précédente, dans lequel le boîtier proximal (122) définit au moins une ouverture (134a, 134b)

dans sa partie proximale (122a) pour le passage d'au moins un câble (212) d'un endoscope (200).

8. Ensemble adaptateur selon une quelconque revendication précédente, dans lequel le boîtier proximal (122) définit une paire d'ouvertures (130a, 130b) espacées circonférentiellement l'une de l'autre. 5
9. Ensemble adaptateur selon une quelconque revendication précédente, dans lequel le boîtier distal (124) définit une ouverture s'étendant entre une surface externe du boîtier distal et une surface interne du boîtier distal, l'ouverture du boîtier distal étant conçue pour s'aligner sur des boutons de commande (203) d'un endoscope lors de la réception d'un endoscope dans le boîtier distal. 10 15
10. Ensemble chirurgical permettant d'interconnecter un endoscope et un bras robotisé chirurgical, l'ensemble chirurgical comprenant : 20
 - un support d'instrument chirurgical (102) supporté sur un bras robotisé chirurgical (2) ; et
 - un ensemble adaptateur (120, 320) selon l'une quelconque des revendications précédentes. 25
11. Ensemble chirurgical selon la revendication 10, dans lequel le support d'instrument chirurgical (102) comporte un moteur (« M ») couplé de manière opérationnelle à l'unité d'entraînement d'instrument (110) de telle sorte que l'actionnement du moteur du support d'instrument chirurgical provoque la rotation de chacun parmi l'unité d'entraînement d'instrument, les boîtiers proximal et distal de l'ensemble adaptateur et l'endoscope par rapport au support d'instrument chirurgical. 30 35
12. Ensemble chirurgical selon la revendication 11, dans lequel la rotation de l'endoscope provoquée par le moteur (« M ») du support d'instrument chirurgical (102) est à une vitesse différente de la rotation de l'endoscope (200) provoquée par le moteur (115) de l'unité d'entraînement d'instrument (110). 40
13. Procédé d'assemblage d'un ensemble chirurgical endoscopique, le procédé comprenant : 45
 - le support d'un support d'instrument chirurgical (102) sur un bras robotisé chirurgical (2), le support d'instrument chirurgical comportant un moteur (« M ») ; 50
 - la fourniture d'une unité d'entraînement d'instrument (110) présentant un ensemble moteur (114) comportant un moteur (115) ;
 - la fourniture d'un ensemble adaptateur (120, 320) comportant : 55
 - un boîtier proximal (122, 322) présentant

une partie proximale (122a, 322a) et une partie distale (122b, 322b), la partie distale du boîtier proximal définissant une ouverture (136) en son sein ;
 un boîtier distal (124, 324) comportant une partie proximale (124a, 324a) et une partie distale (124b, 324b), la partie proximale du boîtier distal étant reçue de manière rotative dans l'ouverture de la partie distale du boîtier proximal ; et
 un ensemble d'entraînement (160, 360) comportant une entrée (164, 364), et une sortie couplée de manière opérationnelle à la partie proximale du boîtier distal ;
 le support de l'unité d'entraînement d'instrument (110) sur le support d'instrument chirurgical (102) ;
 le couplage de la partie proximale du boîtier proximal (122, 322) à l'unité d'entraînement d'instrument, couplant ainsi de manière opérationnelle l'entrée de l'ensemble adaptateur (120, 320) au moteur (115) de l'unité d'entraînement d'instrument ;
 la disposition d'une partie proximale d'un endoscope (200) à l'intérieur du canal défini dans le boîtier distal (124, 324) de l'ensemble adaptateur ;
 l'actionnement du moteur (115) de l'unité d'entraînement d'instrument (110) pour effectuer la rotation du boîtier distal (124, 324) de l'ensemble adaptateur et de l'endoscope (200) par rapport au boîtier proximal (122, 322) de l'ensemble adaptateur ; et l'actionnement du moteur (« M ») du support d'instrument chirurgical (102) pour ainsi faire tourner chacun parmi l'ensemble moteur (114) de l'unité d'entraînement d'instrument, les boîtiers proximal et distal de l'ensemble adaptateur, et l'endoscope par rapport au support d'instrument chirurgical.

14. Ensemble adaptateur selon la revendication 1, comprenant en outre un loquet (342) relié de manière pivotante à la partie proximale (324a) du boîtier distal (324), et un verrou (344) relié à la partie proximale du boîtier distal, le loquet étant conçu pour se raccorder sélectivement au verrou afin de retenir sélectivement un endoscope à l'intérieur de l'ensemble adaptateur.
15. Ensemble adaptateur selon la revendication 14, dans lequel le boîtier distal (324) comporte un boîtier interne (350) logé à l'intérieur de sa partie distale (324b), le boîtier interne comportant une base (354) définissant un alésage (356) à travers celle-ci, l'alésage étant conçu pour recevoir de manière amovible un endoscope (200) ; et/ou dans lequel l'alésage (356) de la base (354) comporte une partie supéri-

eure en forme de cône (356a), et une partie inférieure cylindrique (356b) qui s'étend de manière distale à partir de la partie supérieure en forme de cône.

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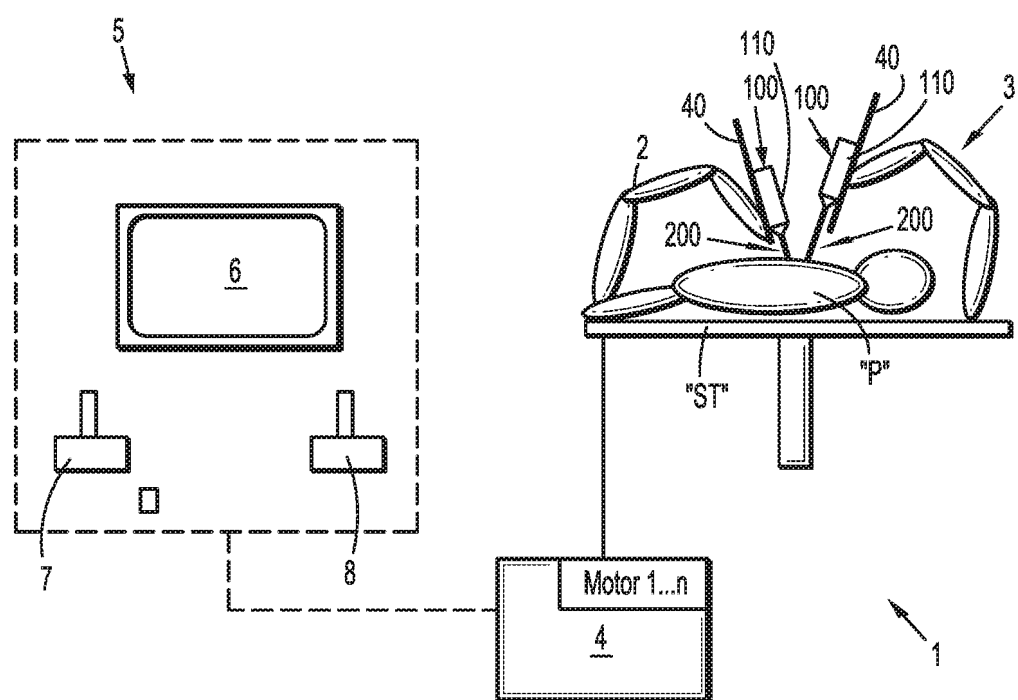


FIG. 1

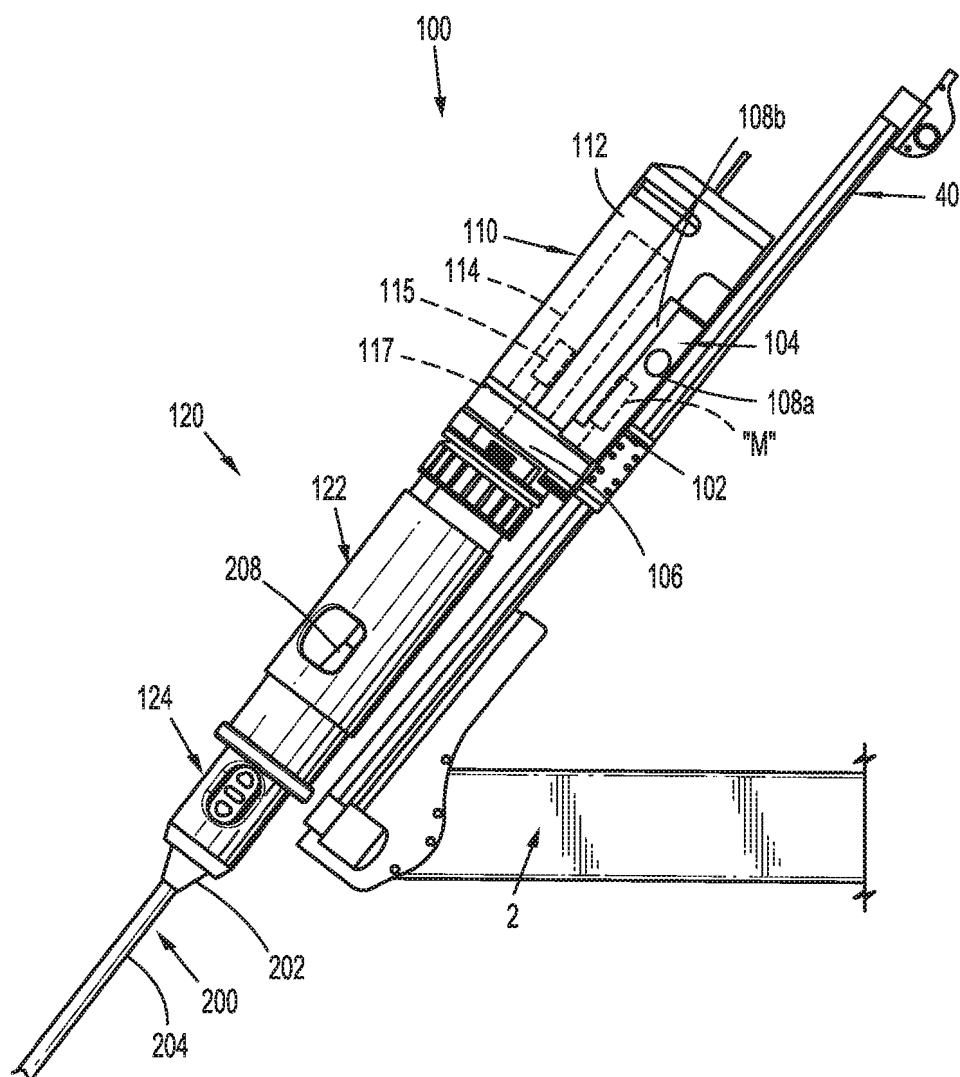


FIG. 2

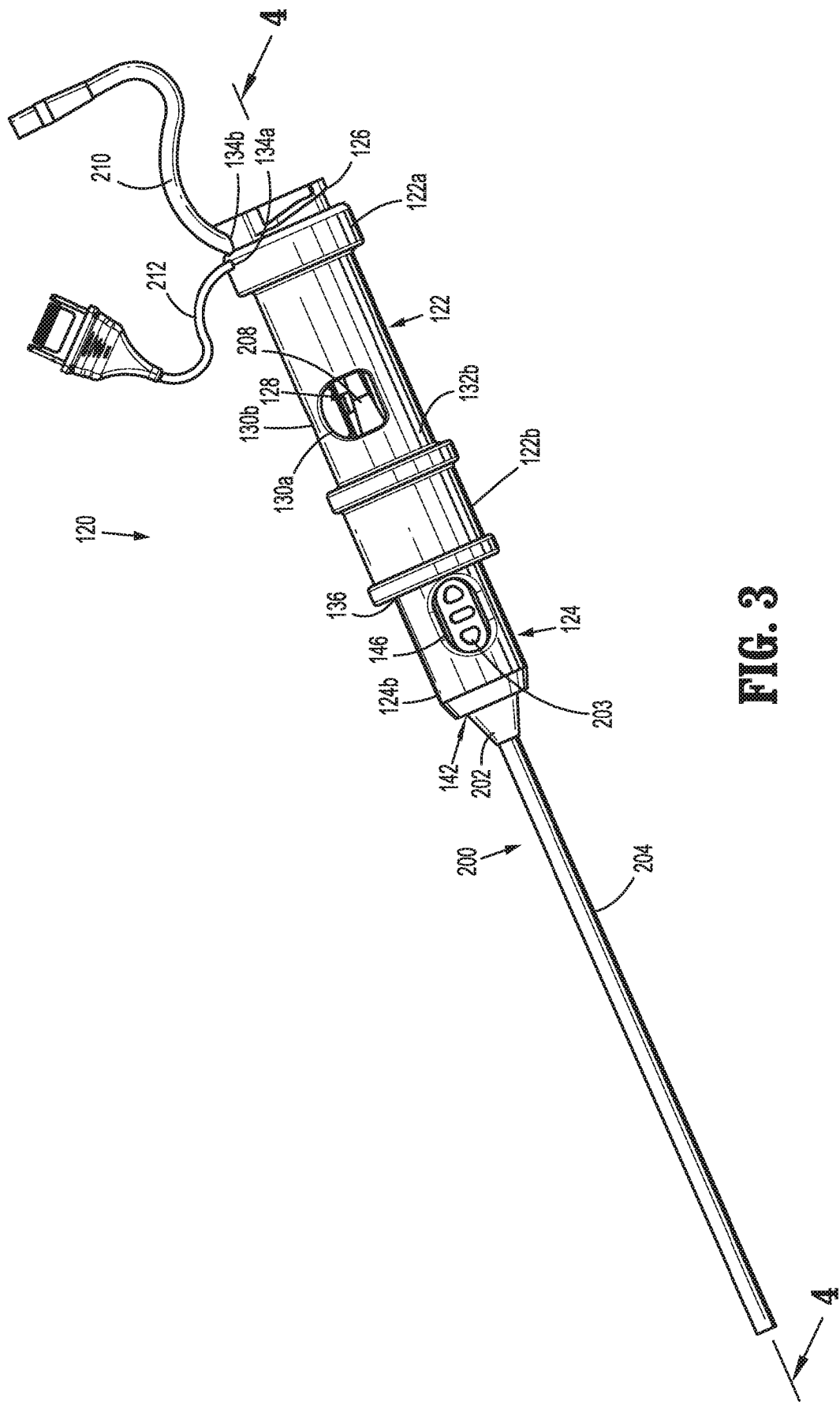


FIG. 3

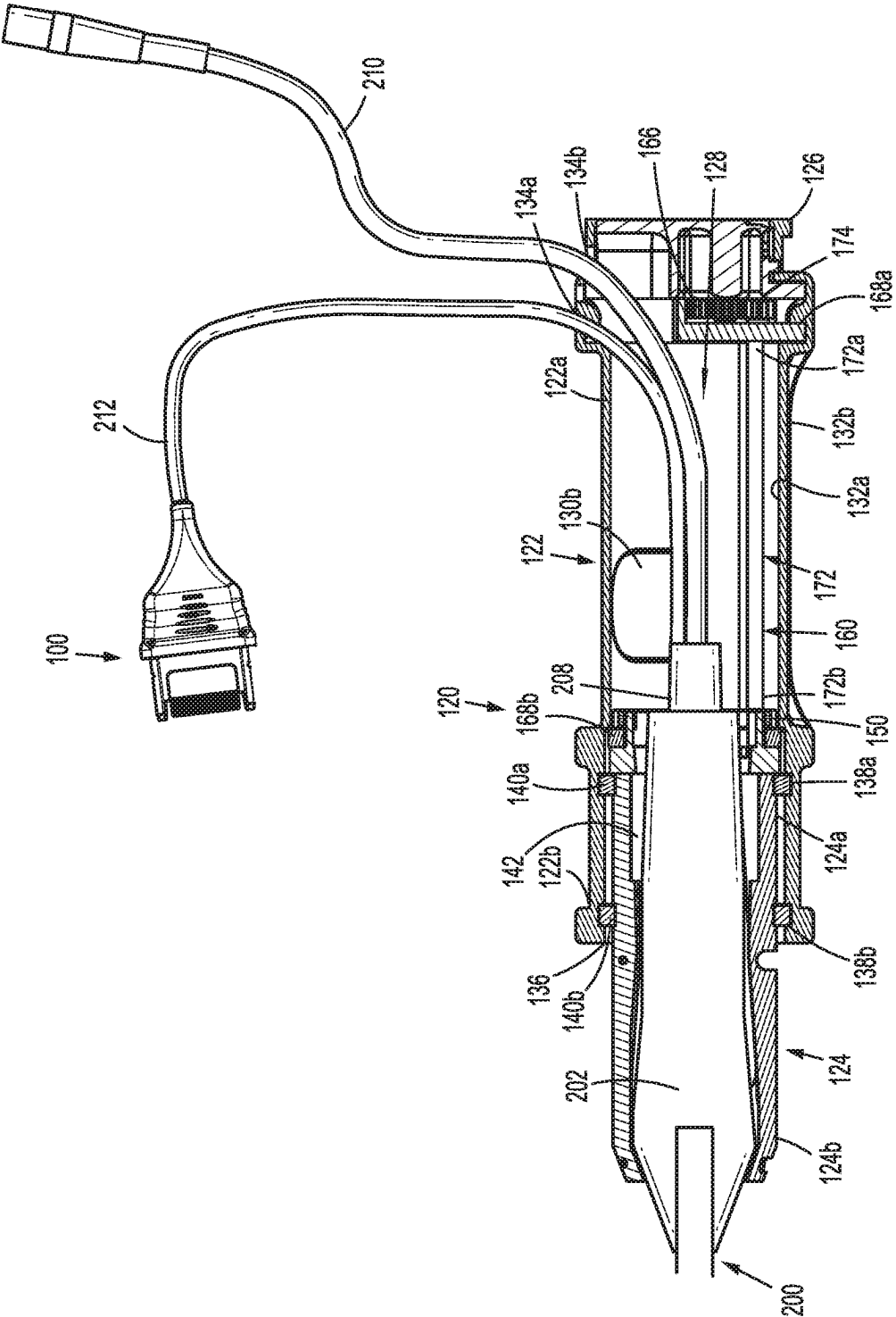


FIG. 4

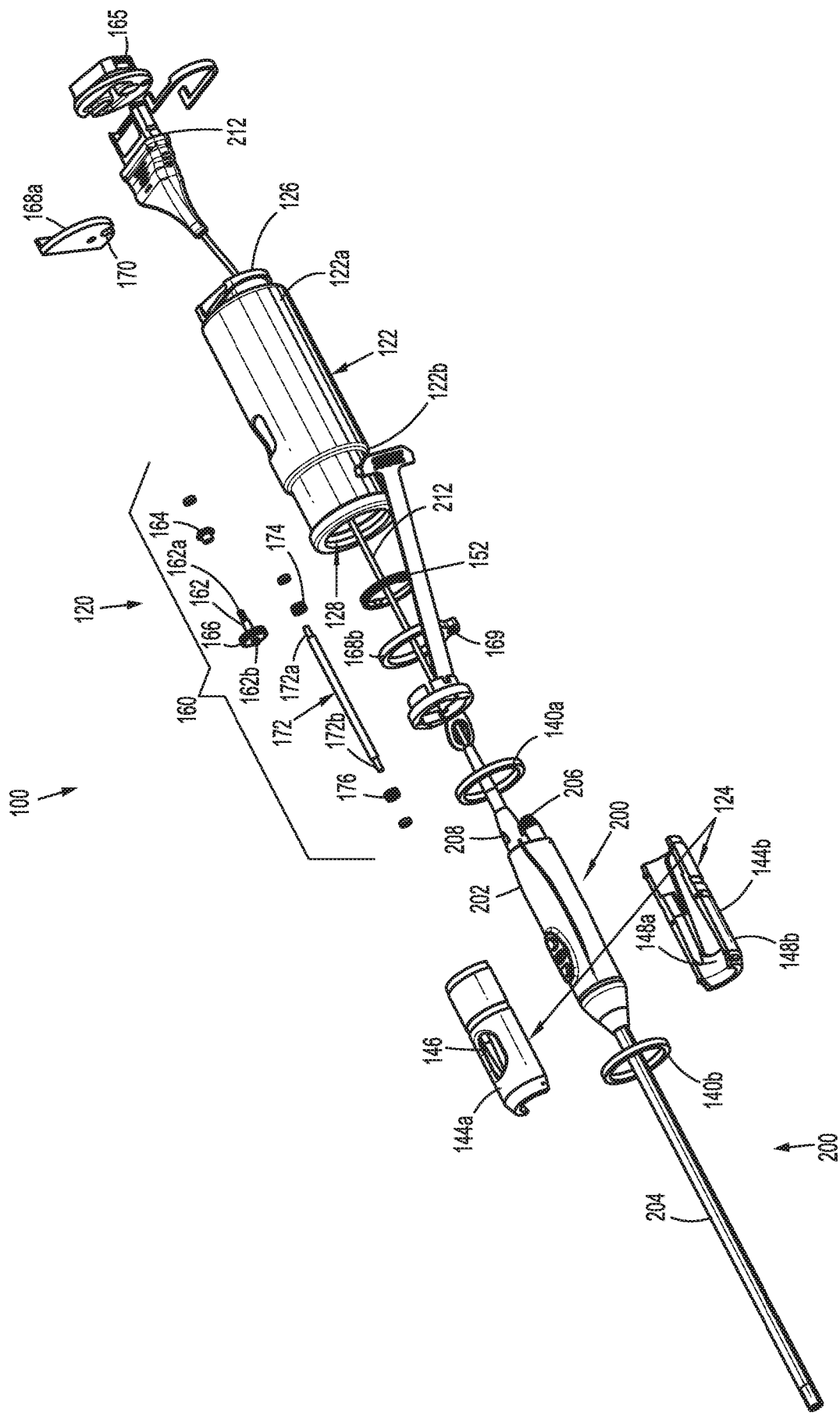


FIG. 5

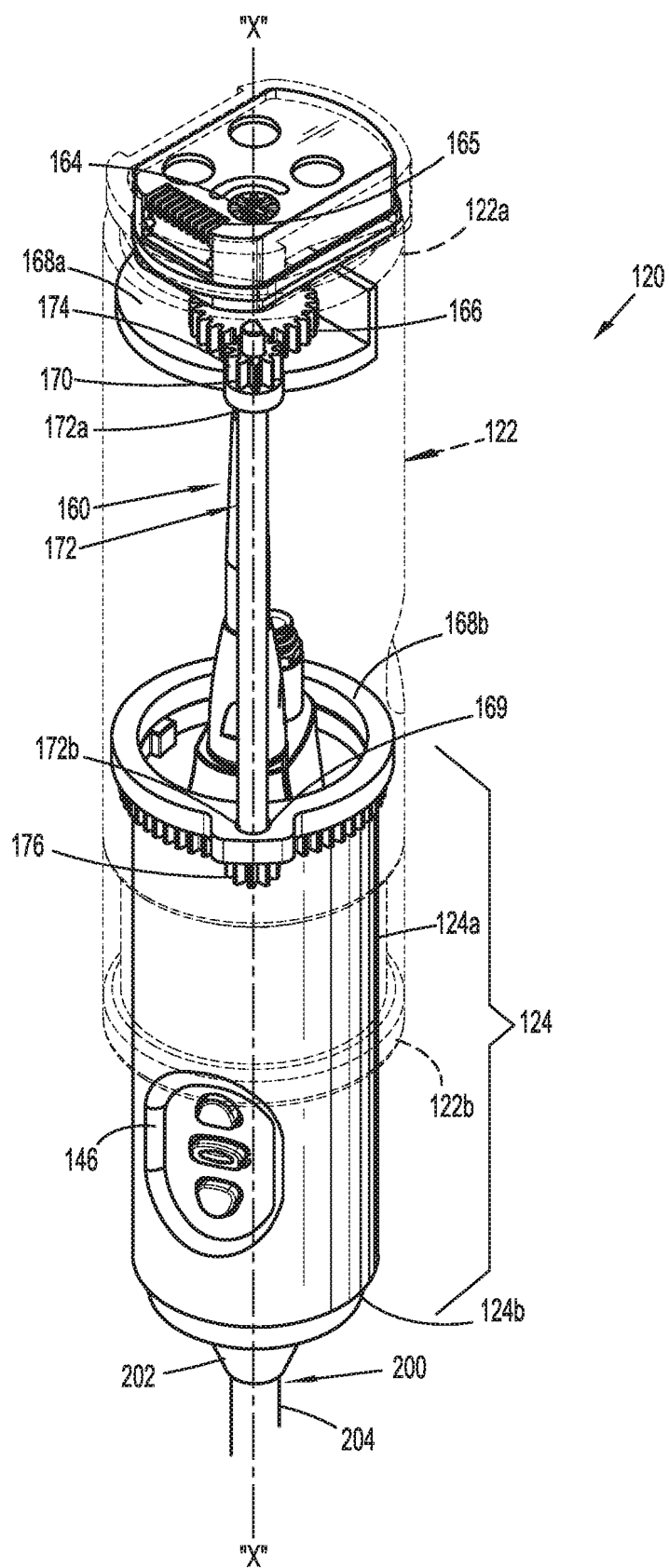


FIG. 6

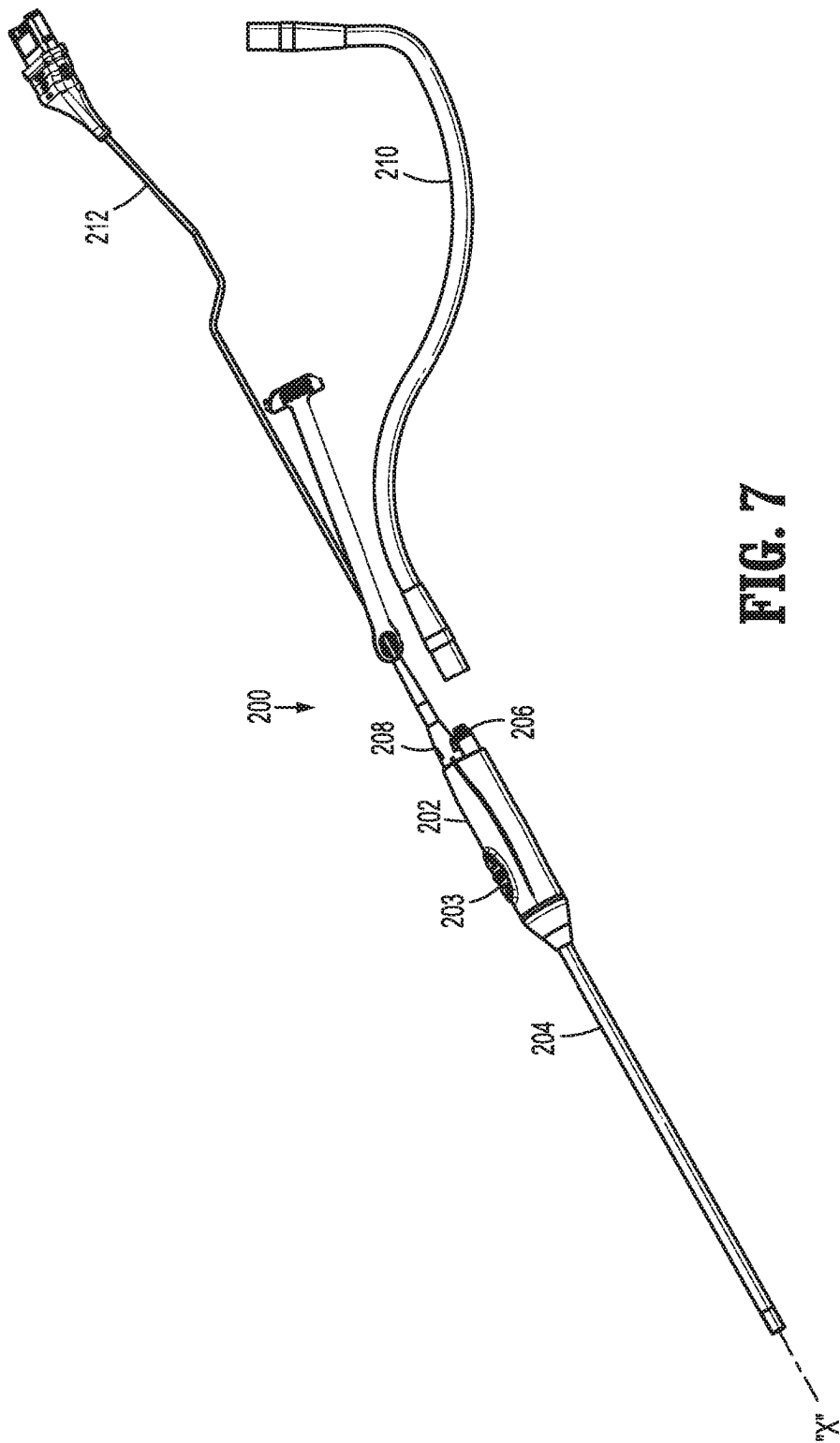


FIG. 7

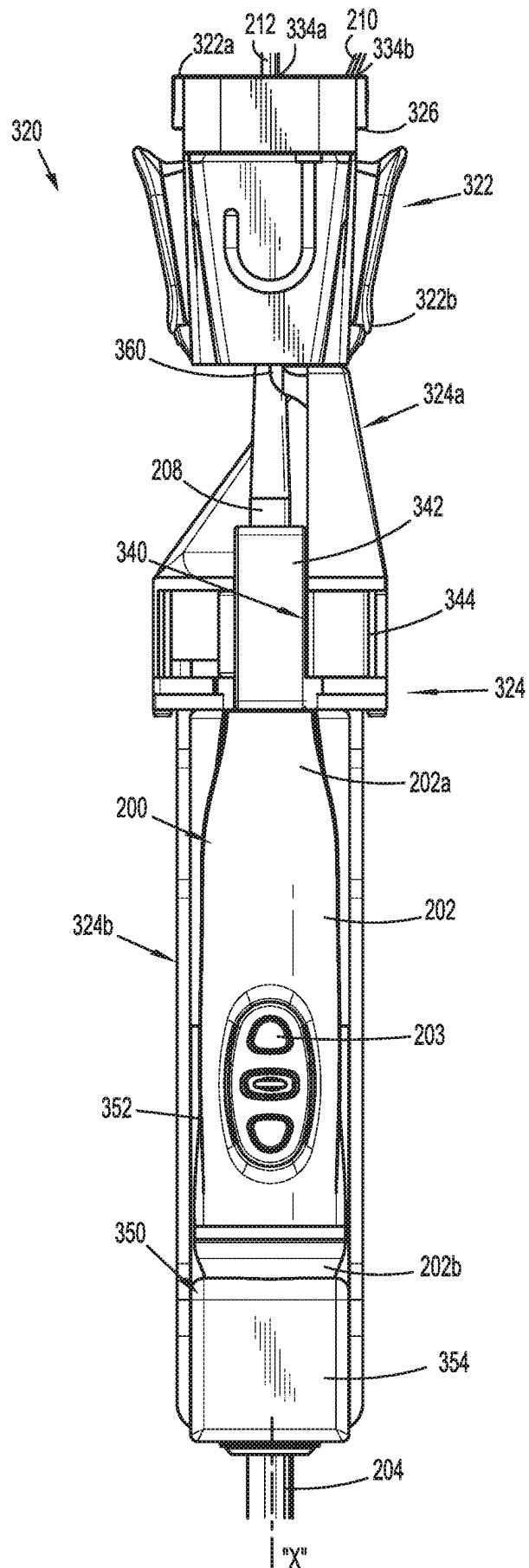


FIG. 8

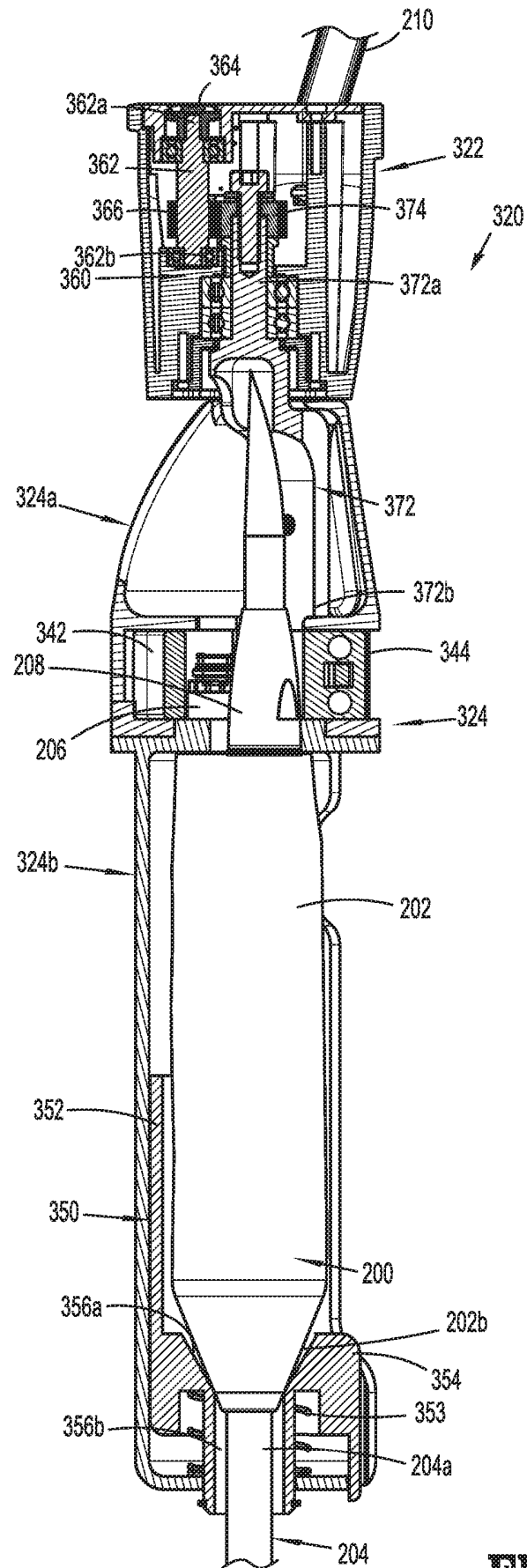


FIG. 9

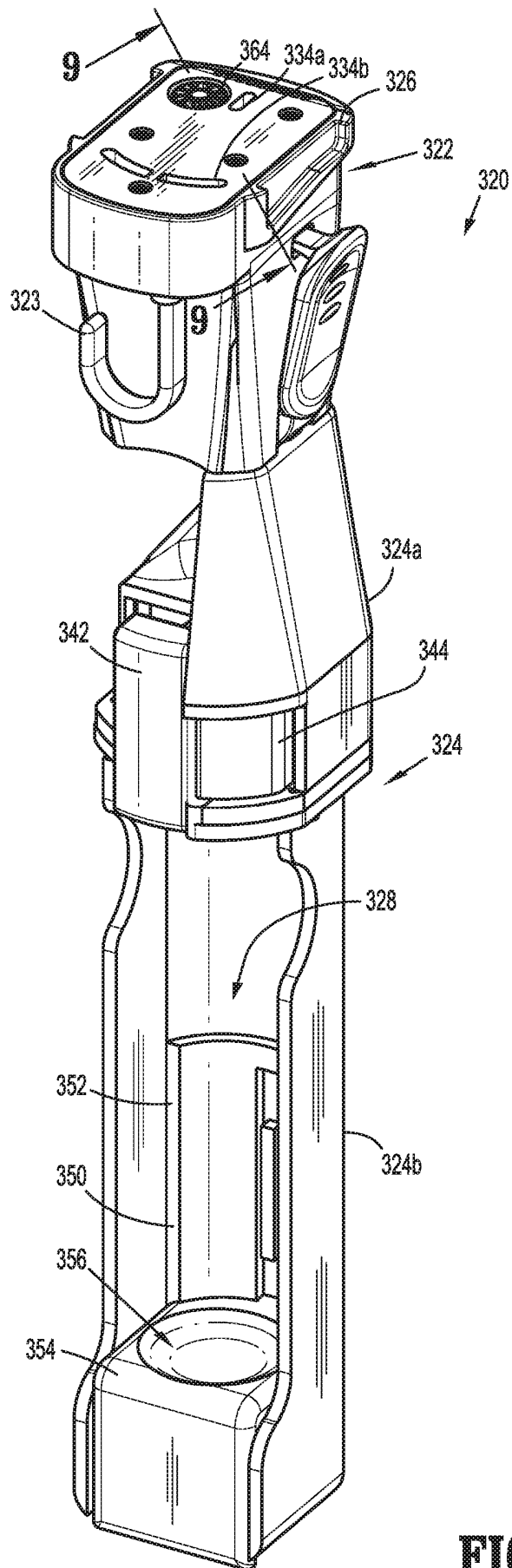


FIG. 10

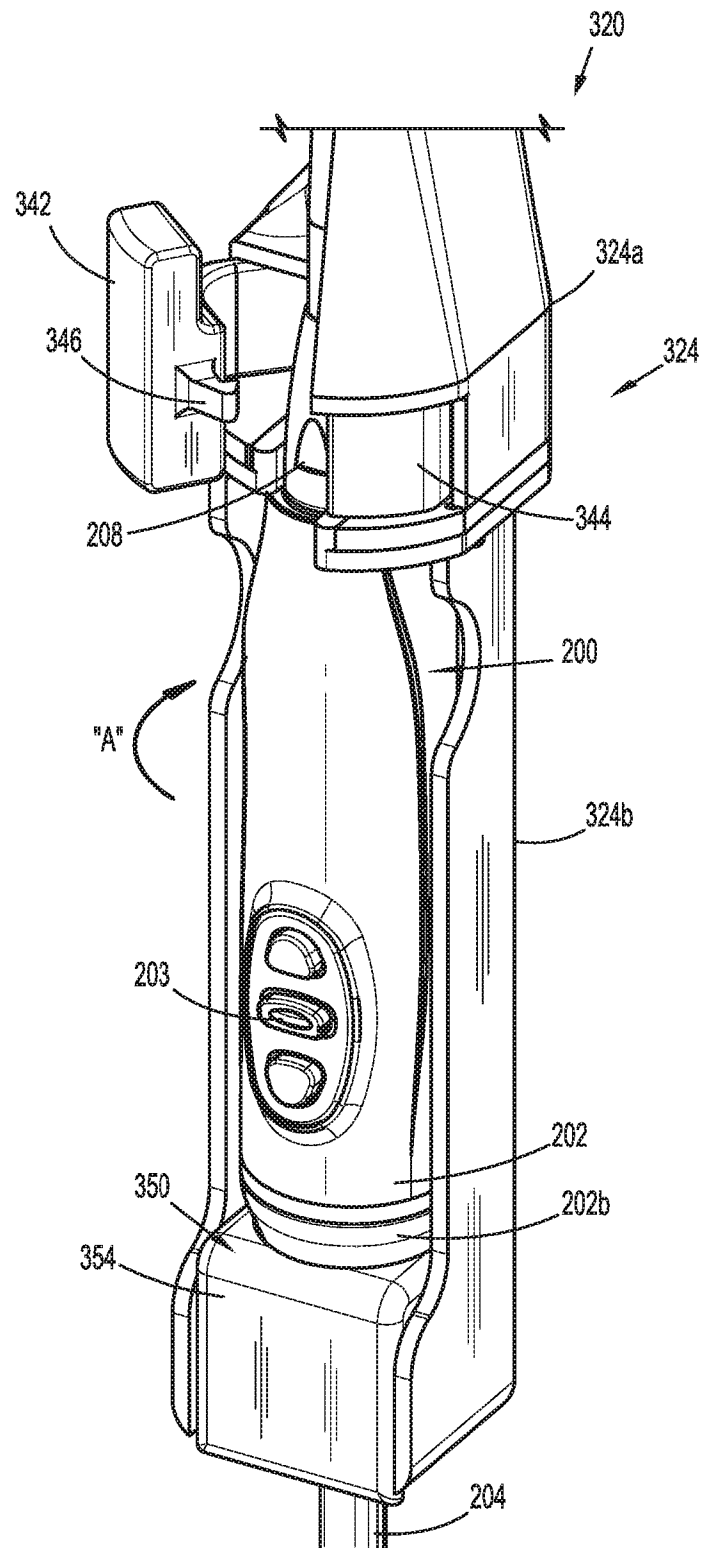


FIG. 11

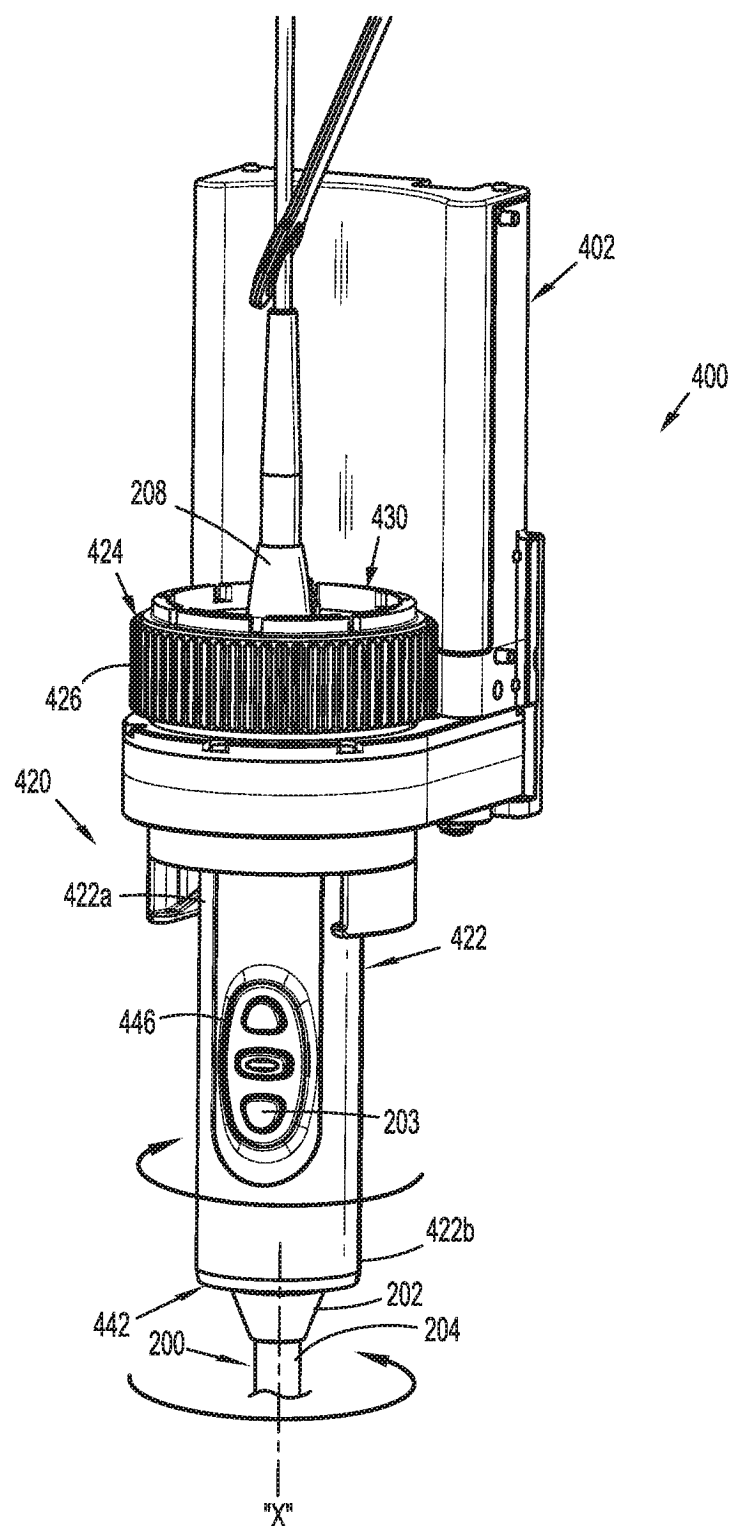
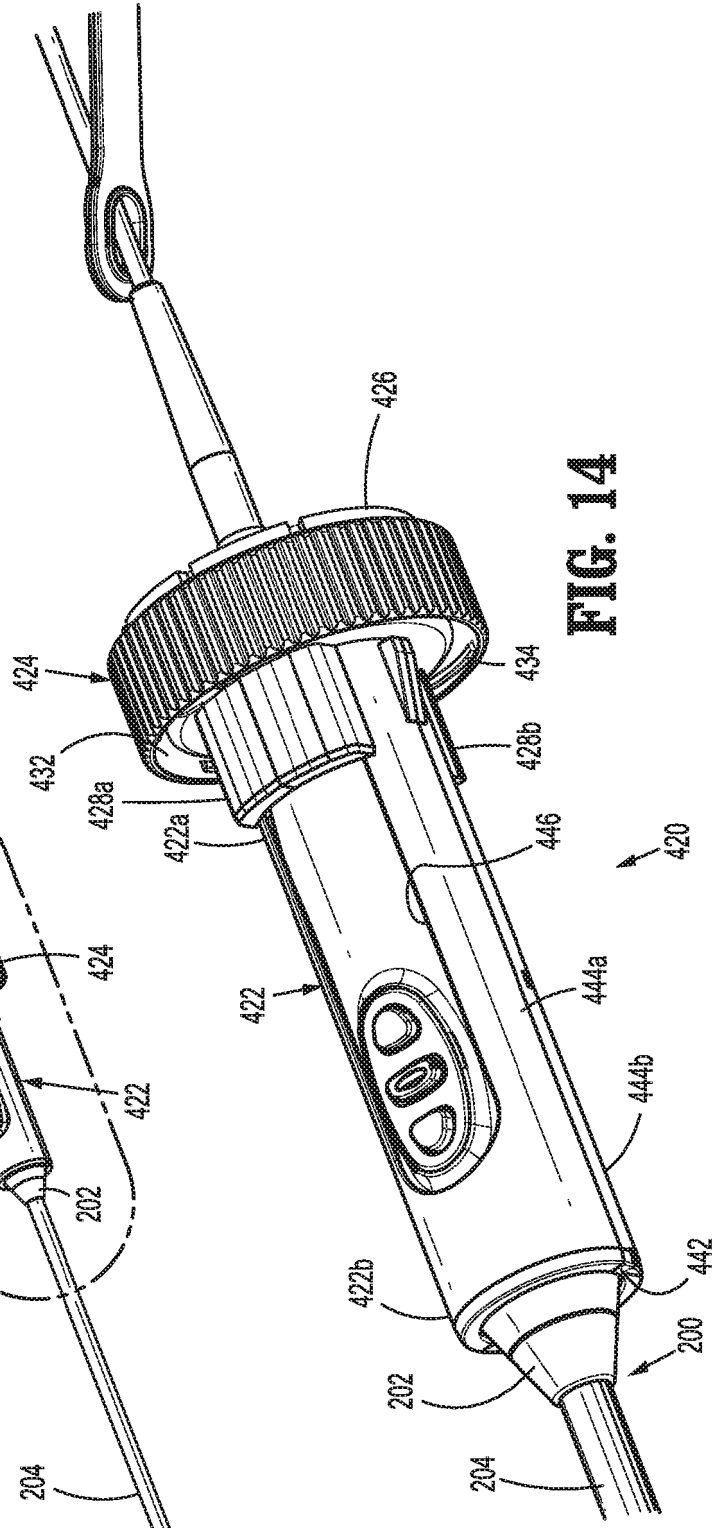
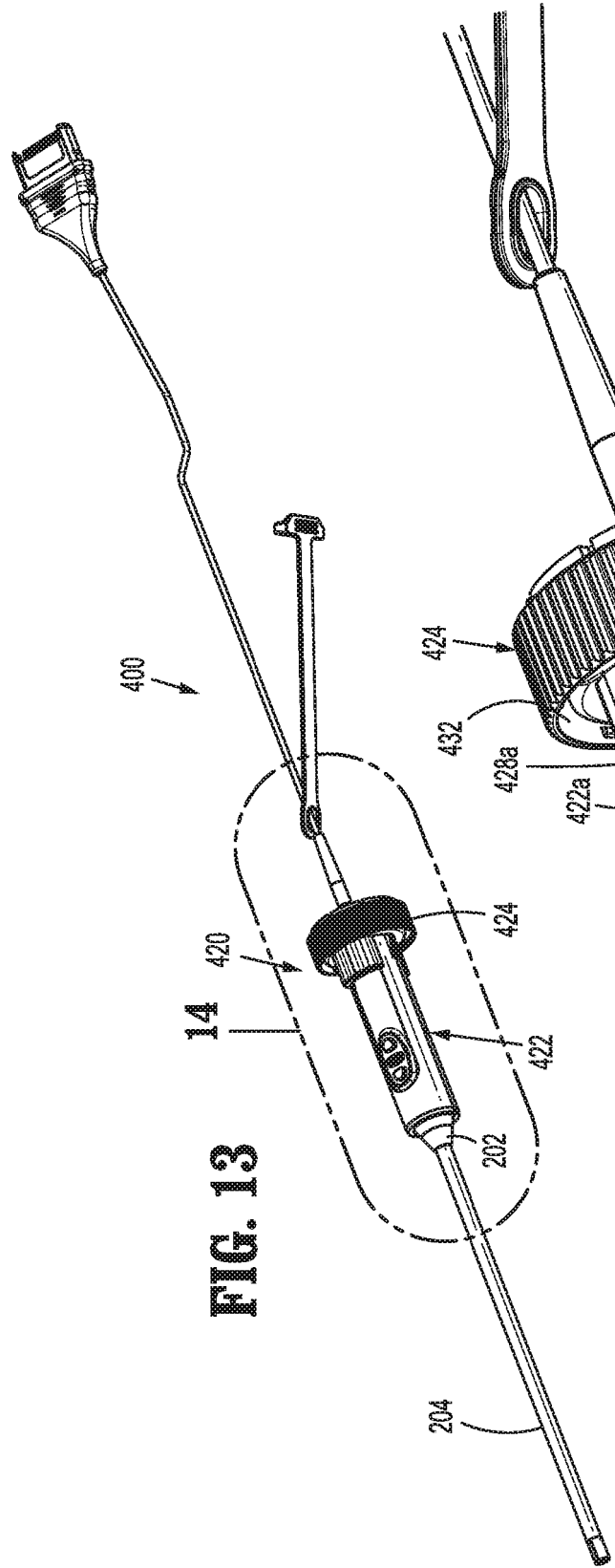


FIG. 12



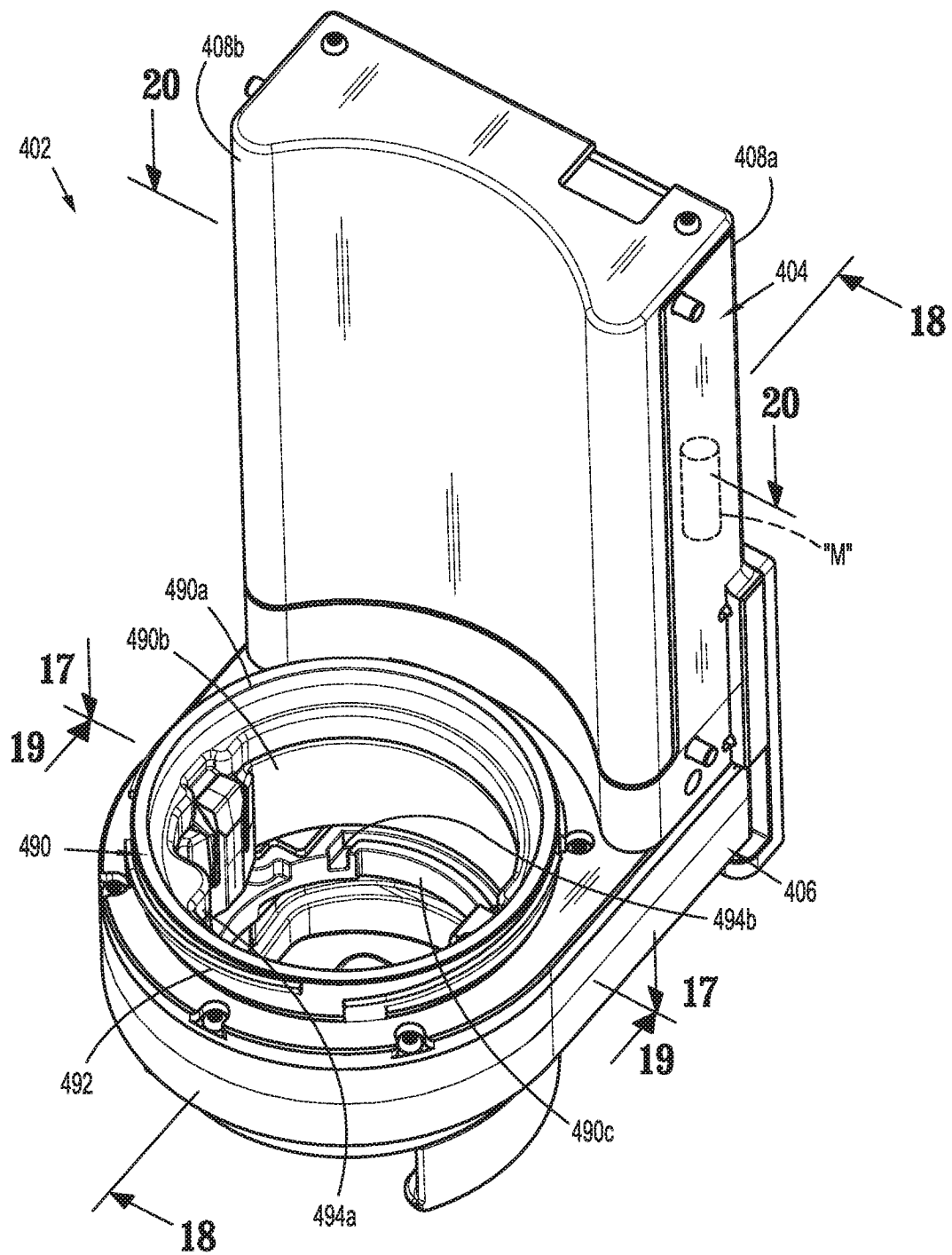


FIG. 15

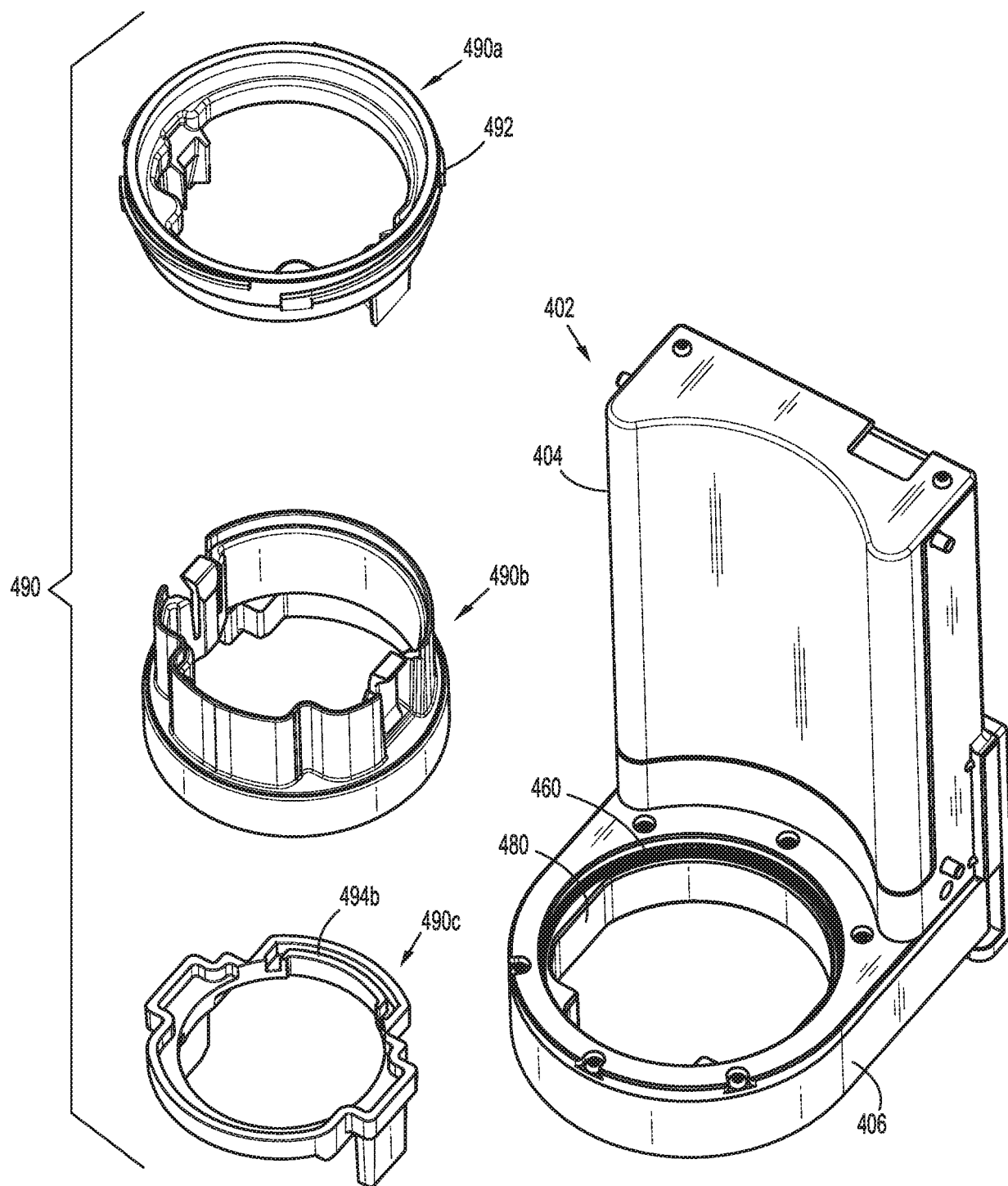


FIG. 16

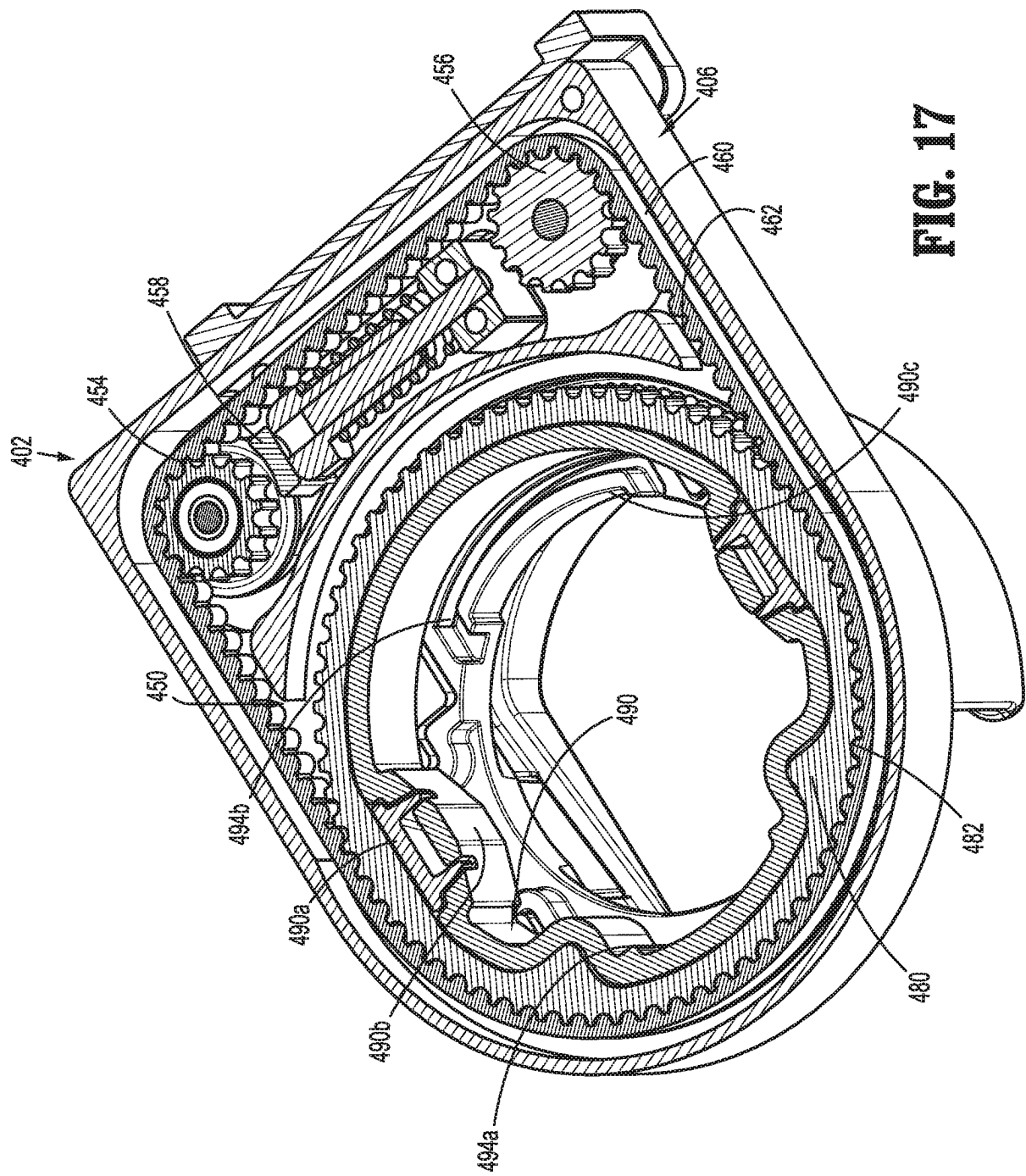
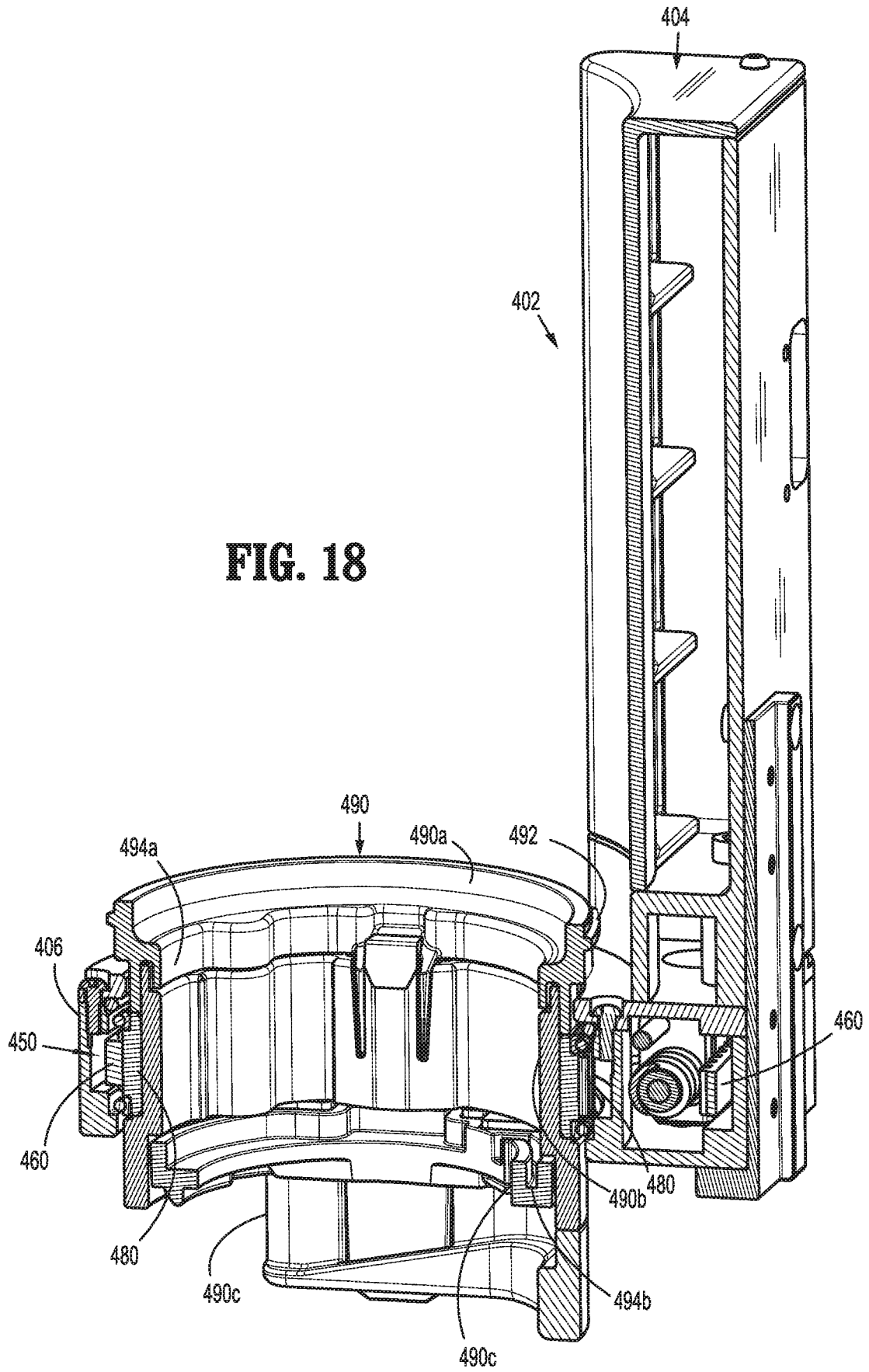


FIG. 17



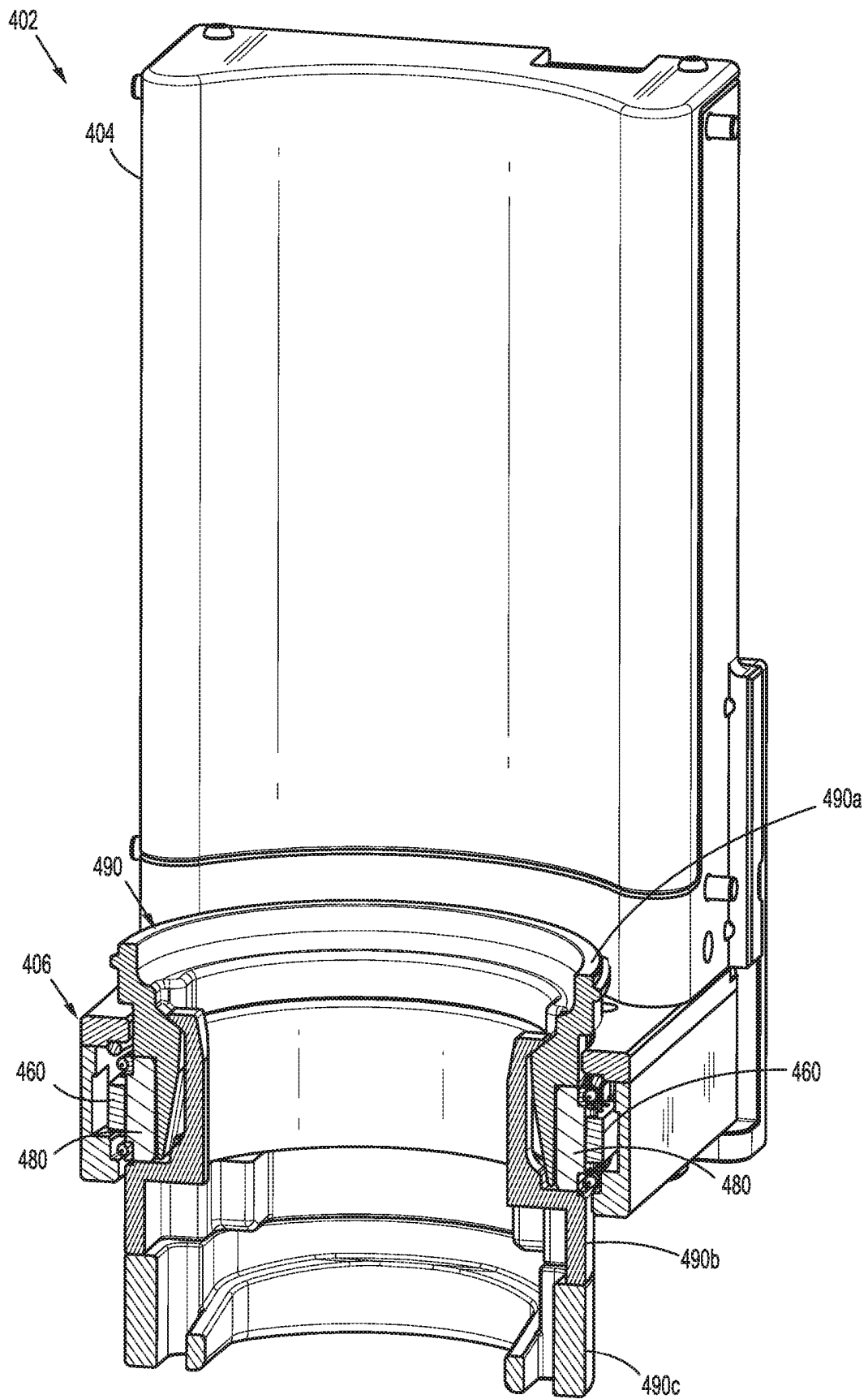


FIG. 19

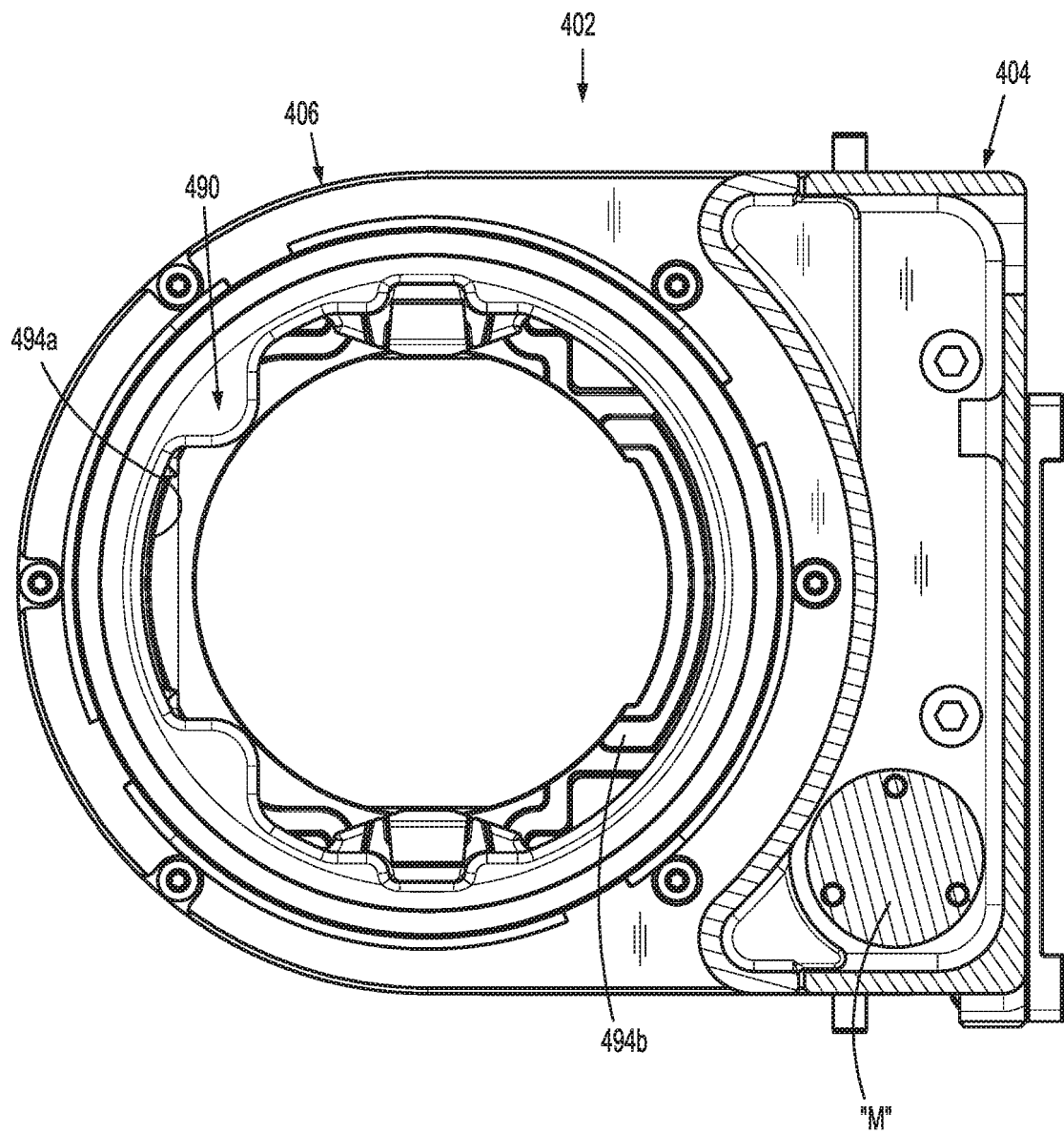


FIG. 20

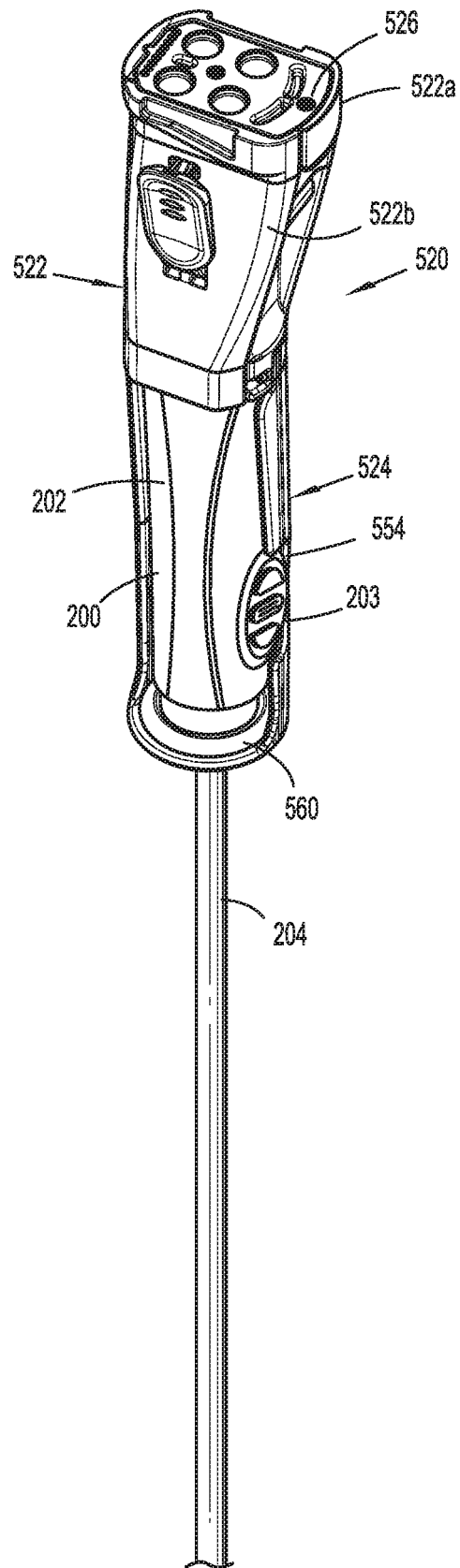


FIG. 21A

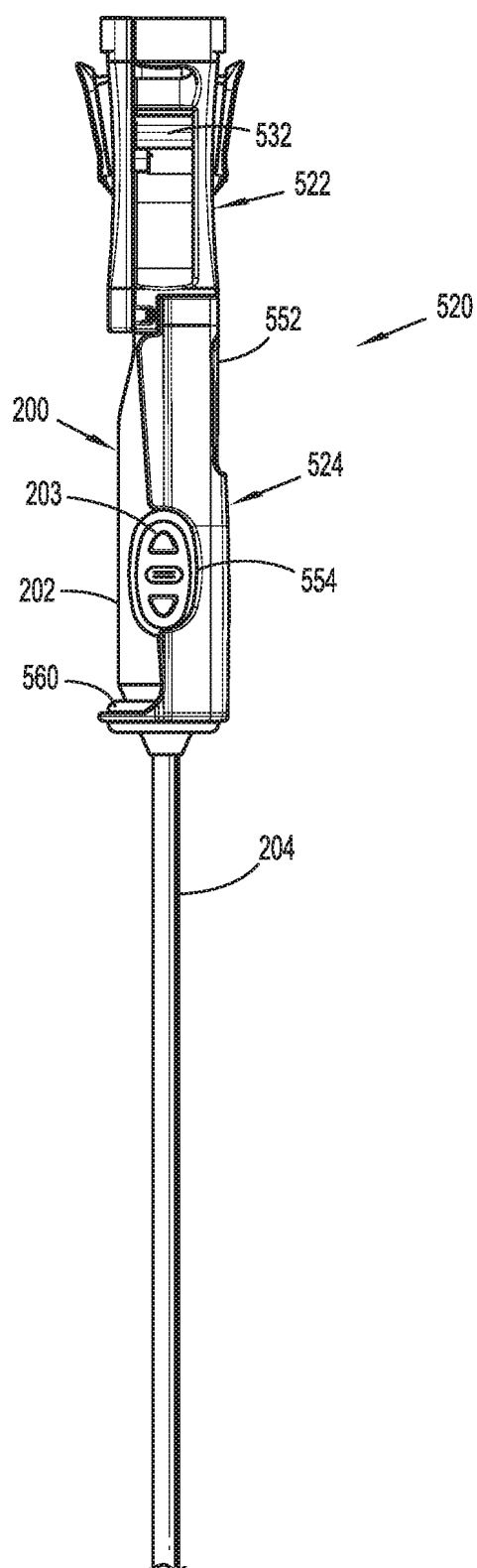


FIG. 21B

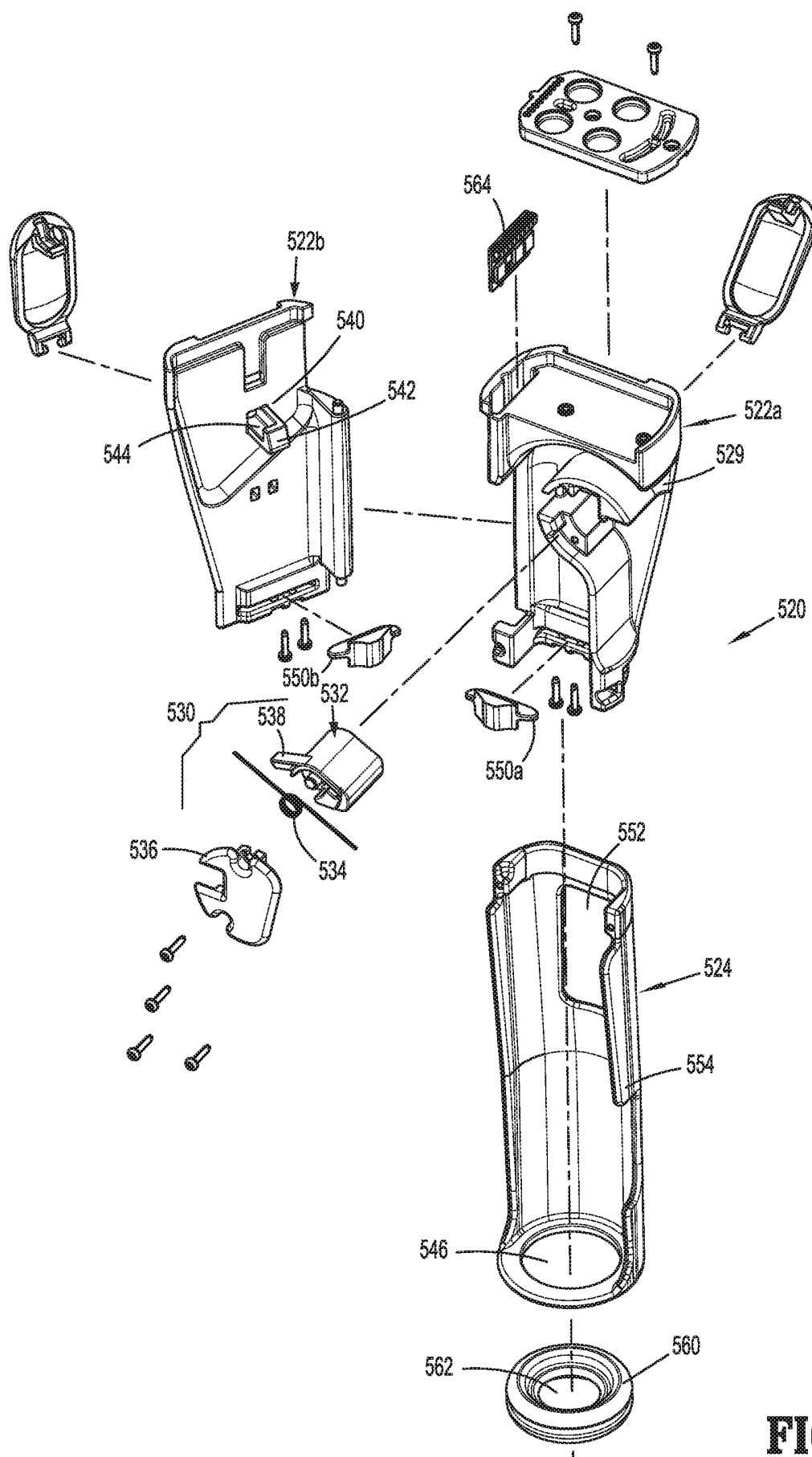


FIG. 22

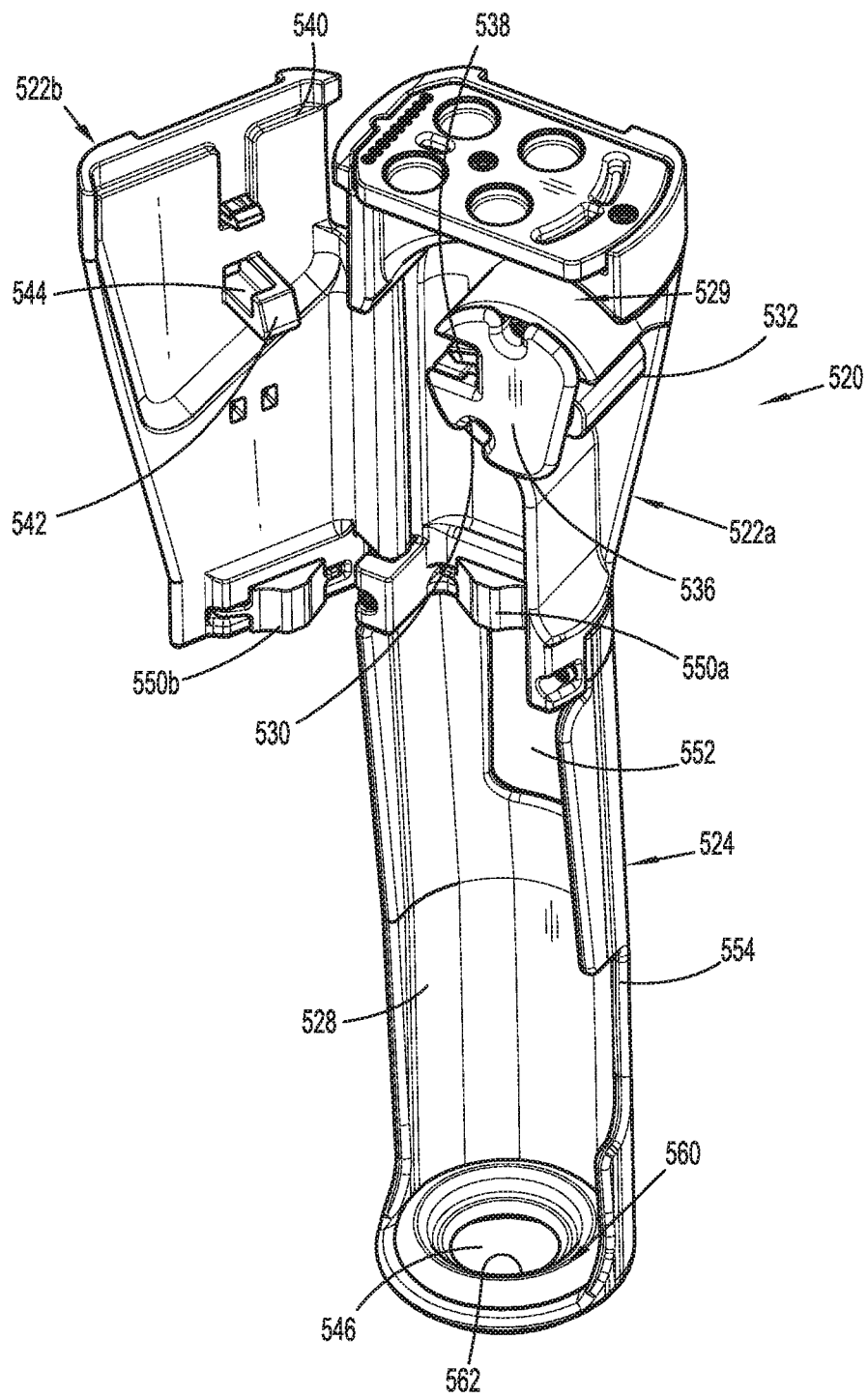


FIG. 23

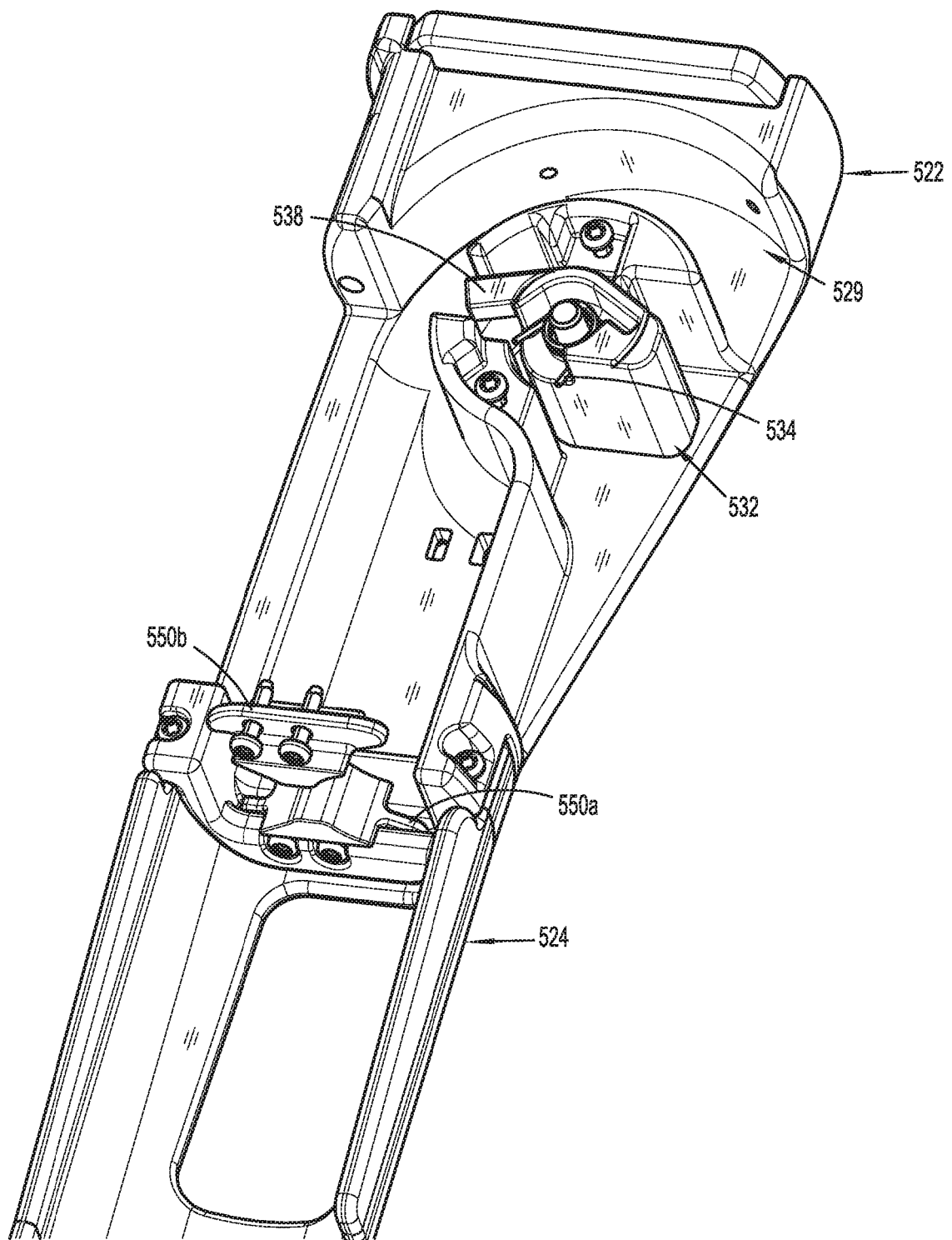


FIG. 24

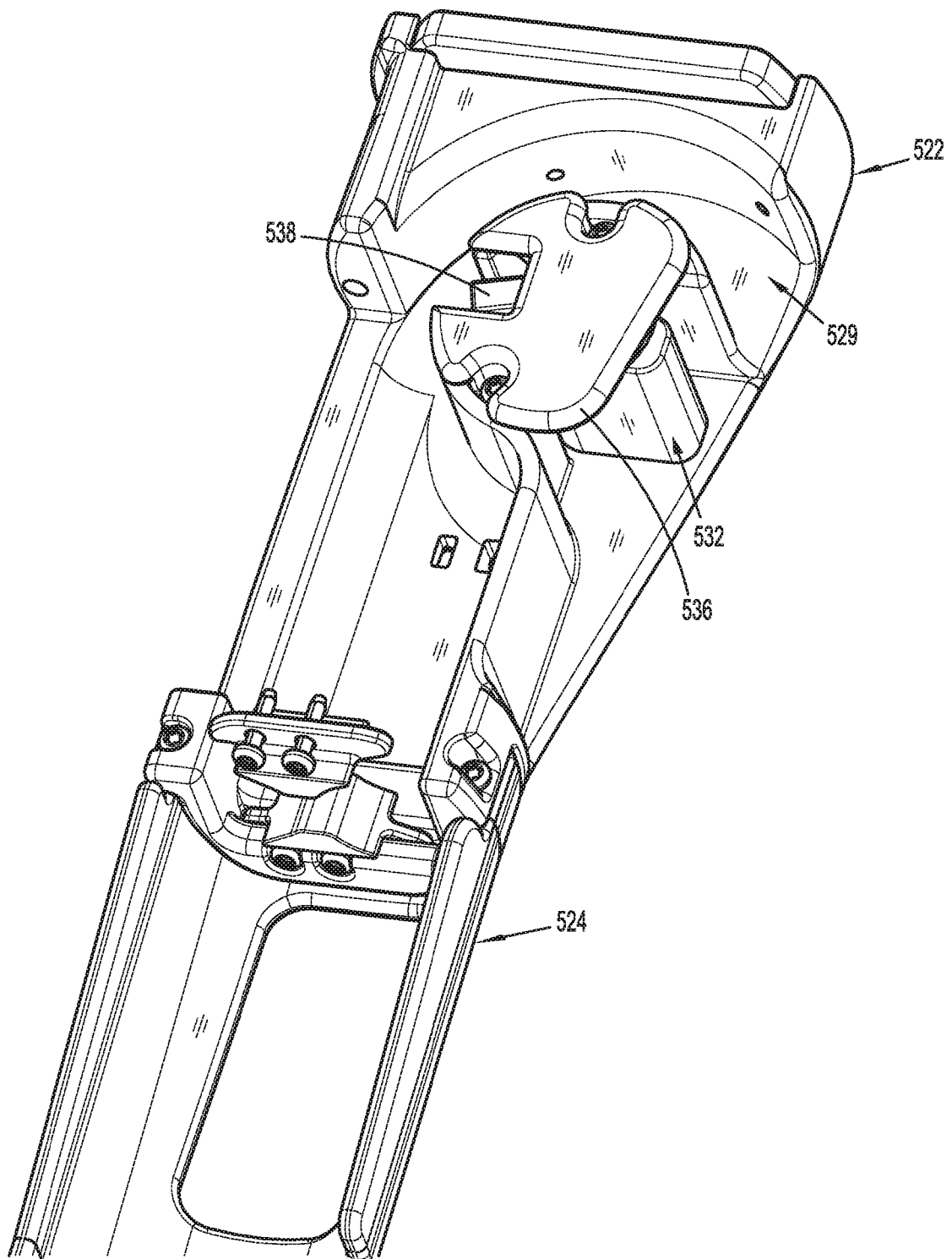


FIG. 25

REFERENCES CITED IN THE DESCRIPTION

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- US 20120116416 [0038]